

TPD-ABH-413
85683

**HEALTH MANAGEMENT IMPROVEMENT PROJECT:
DISAPPOINTING ACCOMPLISHMENTS TO DATE,
SUCCESSFUL COMPLETION IN DOUBT**

**USAID/JAMAICA PROJECT NO. 532-0064
AUDIT REPORT NO. 1-532-85-**

Nov. 84

EXECUTIVE SUMMARY

Introduction

Jamaica is a less developed country of over two million inhabitants of whom 59 percent live in rural areas. Nine out of every ten rural dwellers are served by the government owned and operated primary health care delivery system. This system including its personnel, supplies, infrastructure, and administration has deteriorated markedly over the past decade due to worsening economic conditions and associated shortages of material and personnel resources.

The Health Management Improvement Project began in September 1981; it is now scheduled for completion in March 1987. The project's purpose is to strengthen the ability of the Ministry of Health to plan, implement, and evaluate primary health care delivery and nutrition action programs, particularly in rural areas. Through this project, AID hopes to upgrade and expand primary health care and nutrition services to rural dwellers through the development of an integrated primary health care system.

The project has nine components overseen by a "Project Implementation Unit":

- Management Services;
- Primary Health Care Field Support;
- Facilities Development, Equipment and Administrative Services (major renovations);
- Maintenance and Minor Renovation (minor renovations);
- Supply Management;
- Health Information Systems;
- Manpower Development and Training;
- Nutrition; and
- Health Planning.

The two renovation components were designed to improve physical facilities in the Primary Health Care System while the other project components were intended to improve health planning and services. The cost of the project is about \$12.9 million, including an AID loan of \$8.6 million, a grant of \$1.0 million, and Government of Jamaica contributions of about \$3.3 million. By June 30, 1984, AID disbursements totaled about \$2.3 million.

Audit Scope

This was the first audit of the project. Our objectives were to determine the project's status and prospects for success, to selectively review project internal controls, and to evaluate compliance with AID policies and regulations and the Project Agreement. We conducted the audit in Washington, D.C.,

Kingston, and various Jamaican parishes (counties) for the period September 24, 1981 through mid-August, 1984.

Conclusions

By August 1984, when we finished our field work, we determined that the health management improvement project was seriously behind schedule with disappointing accomplishments to date. This despite the fact that it had already been evaluated in depth, at least partially redesigned, and extended by 18 months to March 30, 1987. We concluded the principal reasons for this state of affairs was a long-standing lack of consensus between AID and the Government of Jamaica as to the real nature of this activity, the tight budgetary and personnel constraints which the Government of Jamaica had agreed to observe, ^{1/} and the number and diverse scope of project activities which the Ministry of Health has been unable to simultaneously implement. At the time of our audit, almost three years after the project began, only one of the project's nine components (nutrition) was showing satisfactory progress. For this reason, we believe that USAID/Jamaica should decide within the next six months whether this project is worth further effort or it should be terminated in whole or in part.

^{1/} In April 1981, the International Monetary Fund granted a three-year "Extended Fund Facility" to the Jamaican government which limited public sector outlays, regulated foreign exchange transactions, eventually led to a managed float system for trading the Jamaican dollar, and placed certain constraints on counterpart funding. The IMF also requested a reduction of 6,000 in the GOC work force. However, we were advised by the AID project officer that the GOC planned to reduce its work force by only 1,500 employees over a two-year period.

Progress in the two physical renovation components -- those reportedly most sought after by the Government of Jamaica -- has been extremely slow. According to the original project paper, these activities were to have been completed by September 1984, producing a highly visible effect in improving 66 primary health care facilities. Among those activities aimed at improving the management of primary health care -- AID's project emphasis -- perhaps the most disappointing has been that component designed to improve the supply of medicines. Vital, essential, and non-essential drugs continue to remain out of stock over long periods of time. This component was also designed to introduce improvements and efficiencies in procuring, storing, and dispensing drugs but, because of serious delays, substantially less than planned was achieved. Improvements are also needed in staffing, technical assistance, management controls, communication, procurement activity, and work planning to ensure achievement of the project's overall objectives.

The nutrition component had successfully initiated nutrition surveillance activities such as weighing children 0-3 years old; created a draft procedure manual for a nutrition surveillance system; conducted follow-up investigations on malnourished children; and prepared and circulated a draft proposal for surveillance of pregnant women. This success is attributable to the work of an effective, resident, expatriate technical advisor assigned to the nutrition component for a 18-month period.

Project goals are compared with actual accomplishments in Exhibit I. Exhibit II shows the financial status of the project as of June 30, 1984.

The report includes seven recommendations designed to correct the problems identified or confirmed during our review.

We held a preliminary exit conference with USAID/Jamaica officials at the completion of our field work on August 24, 1984, and reviewed a preliminary draft of this report with the Mission Director, project officer, (they had been absent previously) and cognizant Mission personnel on two separate occasions during the first first week in October.

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GLOSSARY

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| AID | Agency for International Development |
| BUCEN | U. S. Bureau of the Census |
| CP | Condition Precedent to Disbursement |
| GOJ | Government of Jamaica |
| HIS | Health Information System |
| HMIP | Health Management Improvement Project |
| LAC | Latin America and Caribbean Bureau, AID |
| MCRS | Monthly Clinic Summary Reporting System |
| MOH | Ministry of Health |
| PACD | Project Activity Completion Date |
| PHC | Primary Health Care |
| PHCC | Primary Health Care Center |
| PHCDS | Primary Health Care Delivery System |
| PHCFS | Primary Health Care Field Support |
| PIL | Project Implementation Letter |
| PIP | Project Implementation Plan |
| PIU | Project Implementation Unit |
| Project Director | Permanent Secretary, Ministry of Health |
| Project Manager | GOJ employee managing day to day HMIP activities |
| Project Officer | AID direct hire employee monitoring the HMIP |
| SHCC | Secondary Health Care Center (i.e., hospital) |
| T/A | Technical Assistance |
| TDY | Temporary Duty Assignments |
| USAID | United States Agency for International Development |
| VEN | Vital, Essential, Non-Essential Drugs |

BACKGROUND AND SCOPE

Background

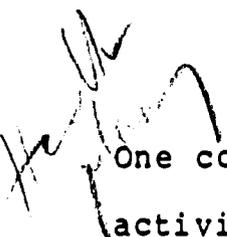
Jamaica is a less developed country of over two million inhabitants of whom 59 percent live in rural areas. Jamaica has traditionally enjoyed one of the better health situations and services among less developed countries. However, with the problems of the past decade, emigration, foreign exchange, reduced health budgets, etc., health services, especially in the rural areas, have deteriorated. This is already manifesting itself in a worsening health status. Only a very small part of the Jamaican population (from 15 percent to 20 percent) can afford to take advantage of the limited private medical care available. About 75 percent of the Jamaican population is served by the government-owned and operated primary health care delivery system. These services are the shared responsibility of the Ministry of Health and local governments. This system including its personnel, supplies, infrastructure, and administration have declined markedly in Jamaica over the past decade due to deteriorating economic conditions and associated shortages of drugs and personnel.

The original \$7.4 million loan and \$350,000 grant was signed on September 24, 1981, (later amended four times to increase AID funding to a total of \$8.554 million and \$1.017 million grant)

in order to finance a four-year Health Management Improvement Project (HMIP) ending September 30, 1985, but was later extended to March 30, 1987. The HMIP is an endeavor to improve the health and nutritional status of the Jamaican population by improving the efficiency, effectiveness and equity of the primary health care delivery system (PHCS). The HMIP was evaluated by four AID consultants in February 1983 resulting in an extensive redesign of the project. Program Implementation Letter (PIL) No. 53, dated March 26, 1984, was to fulfill the final outstanding condition precedent (CP) to disbursement which required a redesign exercise addressing the recommendations of the evaluation report. On March 30, 1984, AID and the Government of Jamaica (GOJ) signed Amendment No. 4 to Project Loan and Grant Agreement No. 532-U-015, to increase borrower resources of the project, to extend the life of the project by eighteen months, and to amend the Amplified Project Description. The following changes were to be reflected in the Loan and Grant Amendments:

1. The Project Assistance Completion Date (PACD) was extended by eighteen months, to March 30, 1987, to compensate for unanticipated delays in project implementation;
2. Project components were restructured to be more compatible with the structure and function of the GOJ Ministry of Health (MOH). Four new components were added:

- a. Management Services;
- b. Primary Health Care Field Support (field support component);
- c. Minor Renovation and Maintenance (minor renovations) includes Maintenance which is new and Minor Renovation activities which were transferred from a previous Construction and Renovation Component;
- d. Facilities Development, Equipment and Administrative Services (major renovations) include major renovation activities transferred from the Construction and Renovation Component; purchases to be made for all project components; and the direct intervention of the Administrative Services Division of the MOH.

 One component, Construction and Renovation, was deleted and its activities transferred to other appropriate components.

- 3. An increased need for Jamaican and U.S. technical assistance was identified;

4. An anemia prevention program was identified to receive an additional \$30,000 grant to be planned and implemented through the Nutrition Component in order to address inefficiencies in screening, prevention, and treatment of this disease.
5. Loan funds in the amount of \$574,377 were reprogrammed to support the shift in project emphasis resulting from the evaluation and redesign exercise.
6. The GOJ's counterpart contribution was increased to (equivalent) \$3,266,508 from \$3,190,000. (GOJ committed itself to \$9,839,234 Jamaican dollars).^{2/}

According to AID officials, these changes were made necessary because conditions precedent (CPs) to disbursement had not been fulfilled, and because personal involvement and financial commitment to HMIP from senior MOH officials was lacking. The amendments were made only after USAID/Jamaica had suspended funding for new obligations at the end of June 1983 -- a freeze which lasted nine months.

^{2/} PIL No. 53 states that GOJ is expected to increase the necessary Jamaican funds in order to support completely those project activities to which the GOJ is committed by the revised Project Agreement, regardless of the exchange rate in effect at the time funding actually occurs. To illustrate, from June to August 1984, the official Jamaican dollar rate fluctuated between 3.75 to 4.10 per one U.S. dollar, substantially changed from the rate in effect when the project was amended (approximately 3:1). Increased counterpart funding for this project was reportedly decided at GOJ cabinet level.

As of June 30, 1984, disbursements from the AID loan were \$2,198,278 (25.7 percent of total loan amount) and the AID grant, \$92,083 (9.1 percent of total grant amount). As of June 8, 1984, GOJ counterpart contributions were J\$1,047,597 or 10.6 percent of the J\$9,839,234 to which the GOJ had committed itself. As of June 30, 1984, 50 percent of the project's revised time frame had expired (33 of 66 months).

A Project Implementation Unit (PIU) within MOH is responsible for coordinating and scheduling the MOH's implementation of this project. The PIU assists the heads of each component in the preparation of implementation plans and monitors progress in realizing objectives through periodic meetings with them and also through field visits. The field support component was added to the redesigned HMIP to give field elements (principal medical officers) of MOH a more direct say in the project and to help institutionalize project activities (the PIU is a temporary entity that will end when the project is completed). The component which will oversee construction efforts of four major renovation projects and eight supply depots will also procure and install a printing press, and employ a construction advisor. The Maintenance and Minor Renovation component will oversee construction efforts of the remaining 48 minor renovation efforts of Primary Health Care Centers (PHCC) as well as establishing two regional maintenance centers and finalizing a

PHCC maintenance system. The Supply Management component will develop a National Formulary, ^{3/} a Vital, Essential and Non-Essential (VEN) drug list and pharmaceutical treatment protocols, improve the inventory control system, and produce a drug supply operational manual. The Health Information System component (HIS) is to develop the Health Information Unit as an effective institution; develop a conceptual design for a comprehensive HIS; identify priority areas for project implementation; refine the Monthly Clinic Summary Reporting System (MCSR); activate the Patient Care Records Program and the Survey of Medical Records; establish a broadened Primary Health Care Information System; and develop a Data Center and Central Reference Library within the Health Information Unit. The Manpower Development and Training Component will develop a manpower inventory of all personnel, annually prepare a comprehensive training plan, and conduct a needs assessment prior to the development of training programs. The Nutrition component will conduct nutrition surveillance activities, training programs in nutrition, and nutrition education and communication endeavors.

The Health Planning component is defunct: appropriate counterpart personnel are not available, nor anticipated to be available, in the near future. The Management Services Unit is not

The national formulary will be a list of generic drugs with which the Primary Health Care Centers and hospitals will be supplied. The list will comprise about 40 VEN drugs for PHCCs and about 300 for hospitals.

in existence at this time. This unit, if activated, would provide the technical expertise and staff resources for planning and executing a formal management improvement program in the Ministry of Health.

Exhibit I shows planned and actual accomplishments as of August 1984 in each of the ten project components. Exhibit II provides details on project financing.

Objectives, Scope, and Methodology

The Office of the Regional Inspector General for Audit/Latin America reviewed the HMIP in Jamaica covering activities from September 24, 1981, until mid-August 1984.

Our objectives were to:

- evaluate the project's progress and prospects for success,
- selectively review project internal controls, and
- assess compliance with AID policies and regulations and the Project Loan and Grant Agreements.

To accomplish these objectives, we reviewed pertinent files and interviewed officials in AID/Washington, USAID/Jamaica, GOJ/MOH components implementing the project, and primary health care field offices in rural parishes of Jamaica. We verified the accuracy of AID financial reports, selectively tested GOJ financial records, and made such other inquiries and tests as we considered necessary.

We discussed our findings and conclusions at an exit conference with USAID/Jamaica officials, and we submitted a draft audit report for Mission review and comment. All Mission comments were considered in preparing our report.

We made our review in accordance with the Comptroller General's Standards for Audit of Governmental Organizations, Programs, Activities, and Functions.

AUDIT FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

PROJECT BEHIND SCHEDULE WITH DISAPPOINTING ACCOMPLISHMENTS

The project is seriously behind schedule notwithstanding the fact it had already been evaluated in depth and its completion date extended by 18 months to March 30, 1987. As of June 30, 1984, 25.7 percent of the \$8,554,000 AID loan funds had been expended; and 9.1 percent of the \$1,017,000 grant portion had been disbursed. About 50 percent of the project time had elapsed (33 of 66 months) by June 30, 1984. This lack of progress is owing to a number of causes, principal among which are: a fundamental lack of agreement as to the nature of the project, too many activities being implemented at once, and ineffective project management. As a result, primary health care has continued to deteriorate and the success of the project has been placed in serious doubt.

This lack of progress (with one exception) is exemplified by the status of crucial project components shown in the following chart.^{4/}

^{4/} For more detail on project components, see Exhibit I.

| <u>Project Component</u> | <u>Major or Representative Activity</u> | <u>Planned Completion Date</u> | <u>Status</u> |
|-----------------------------------|---|--------------------------------|---|
| Supply Management | Improve pharmaceutical procurement and handling and establish a National Formulary. | 9/84 | Drug distribution system designed but not implemented. As of 8/84 only 1 of 8 subcommittees had submitted their recommendations for basic generic drugs to be stocked by MOH. |
| Major Renovations | Complete four major renovations | 9/84 | Only one renovation completed; other 3 renovations advertised for prequalification of bidders in July 1984. |
| Minor Renovations | Complete 62 minor renovations | 9/84 | Only 14 renovations completed as of 8/84. No construction activity on 48 others as of 8/84. |
| Health Planning | -- | -- | Defunct as of 8/83. |
| Management Services | -- | -- | Not in existence as of 8/84. |
| Health Information Systems | Initiate a MCRS and introduce new medical records in 386 clinics | 6/85 | MCRS implemented but only 70 of 386 clinics had new records. |
| Primary Health Care Field Support | Training and placement of 15 mid-level administrators to support PHCS. | 11/84 | Only 2 trained and placed to date. |
| Manpower Development & Training | Prepare and implement Comprehensive Training Schedule | 8/82 | Two annual plans completed.- Local training satisfactory, overseas training far behind. |
| Nutrition | Nutrition Surveillance | 1/86 | On schedule. |

The following factors have contributed to disappointing achievements under this project:

-- Communications Problems Have Hampered Project Progress.

Communication problems, differing interpretations of the primary purpose of the HMIP, GOJ's lack of understanding of USAID's role in implementation and failure to adhere to AID regulations had hampered project progress. GOJ officials entered into this agreement with certain misperceptions as regards the nature of this project. They saw it more as a means to improve physical facilities rather than management of the primary health care system. Project implementation also suffered from poor communications within the MOH and in the PIU. Successful project implementation required good communication between implementing elements. All parties needed to be trying to achieve the same purposes; instead, friction and misunderstandings between GOJ and USAID occurred because the GOJ appeared less than committed to those aspects of the project USAID officials believed were important.

-- Deadlines For Satisfying Conditions Precedent Were Not

Met. USAID/Jamaica Controller's office disbursed funds after deadlines for satisfying CPs had passed and remained unmet. Two CPs to disbursement relating to

development and submission of a procurement and maintenance plan were not adhered to. The HMIP loan and grant agreements contained these CPs in order to ensure proper implementation practices. Loose Mission procedures and reliance upon assurances of the former USAID Project Officer that CPs had been met when in fact they had not contributed to this deficiency. AID officials thereby forfeited one of their strongest levers to control and ensure proper project implementation by the host country. As a result, GOJ officials spent money on items and assistance before proper procurement and maintenance planning had taken place.

- Delays Encountered In Filling GOJ Personnel Positions Stalled Implementation. Long delays in filling GOJ HMIP personnel slots severely slowed implementation of certain HMIP activities. The delays were caused in part by IMF-imposed restrictions on government hiring. Because of these delays and personnel turnover, the field support, supply management, health statistics, and manpower development and training components were unable to proceed as planned.

- The GOJ Project Manager Did Not Function Effectively. The GOJ Project Manager failed to make herself sufficiently familiar with USAID regulations and also had frequently ignored or been unable to act on USAID

officials' advice. Adequate project management required a good knowledge of governing regulations, good communication with USAID officials and with MOH project personnel. Despite attendance at a two-week AID project implementation course, the GOJ Project Manager failed to become familiar with or abide by governing regulations. The project manager also failed to develop effective working relationships with the heads of the various project component activities. Ineffective communications between the project manager and other MOH personnel led to poor planning and inadequate oversight. Project implementation was consequently delayed because numerous submissions from the GOJ did not conform to AID's requirements and subsequently had to be replanned and resubmitted.

Implementation Plans Were Lacking or Inadequate.

Improvements were needed in the various project implementation plans (PIPs -- work plans for each component) of the HMIP. Three of the components had not yet submitted their respective PIPs and critical path activities were not indicated in the PIPs that had been submitted or were not sufficiently detailed in some cases to be useful. In our opinion, any Project Manager would have difficulty managing such a complex project without

a complete set of plans, including critical path items. Also noted was a propensity by the MOH to change plans rather than implement them. These changes required USAID approval and discussion which caused further delays in project implementation. However, USAID/Jamaica officials had not taken steps to ensure that the GOJ Project Manager develop the required work plans.

-- Procurement Actions Were Poorly Planned and Executed.

Assorted procurement problems plagued HMIP, many of which could have been avoided by better planning. A procurement plan was not developed within 180 days as required in a condition precedent to disbursement. Certain equipment had been ordered without desirable features or spare parts, or had not been timely distributed or properly accounted for. Equipment delivered to parish councils was not followed-up on to ensure quick redistribution. Project implementation was delayed because vehicles remained deadlined for long periods of time with worn-out brakes, no spare wheels, and minor repair problems. This in turn prevented equipment from being delivered from parish council storage areas to the primary health care clinics. These deficiencies were attributed to inadequacies of the

previous GOJ procurement officers as well as a lack of effective oversight by the former USAID Project Officer.

- Technical Assistance Was Inadequate. Expenditures for technical assistance (T/A) had not benefited the HMIP as much as planned. Some T/A was provided before effective counterparts had been hired, other T/A has not been effectively acted on, and still other was considered to be of poor quality. In order to institutionalize the results of AID-financed T/A, qualified personnel needed to be in place to oversee and be involved in the assisted activity. Various inadequacies in previously acquired T/A will likely cause a need for more T/A to be contracted as well as further delaying the project. Furthermore, it is not really clear that the GOJ is interested in management-oriented T/A despite the fact substantial grant funding is available for this purpose. Less than 10 percent of grant funds have been expended to date.

Conclusion

Unless current project implementation problems are quickly corrected, this project will not be completed by the PACD of March 30, 1967, and rural health care will continue to

deteriorate. Failure to timely implement this project has also had a negative impact on field personnel who will likely decide to leave the PHCCs, and more patients will be referred to the already overburdened Secondary Health Care Centers (hospitals). The inadequate drug supply situation has only worsened and renovations and maintenance works have been delayed. Overall expenditures and project activities were occurring at a pace much slower than anticipated. Only 24 percent of the available AID funds were disbursed as of June 30, 1984, although 50 percent of the revised project time had passed (\$2,290,000 of \$9,571,000). Under the original plan, all of the construction activities were to be completed at the end of the third year of the project. Instead, only 14 of 62 minor renovations and 1 of 4 major renovations were completed as of the date of the audit. All but one of the component's activities were significantly behind targets.

Recommendation No. 1

USAID/Jamaica, in consultation with the GOJ/MOE, within six months of the date of this report:

- (a) achieve resolution of the detailed recommendations following, or
- (b) take steps to terminate the HMIP in whole or in part.

In order to resolve the foregoing, we would anticipate that USAID/Jamaica, in conjunction with cognizant GOJ officials, will take certain actions. These are detailed in Exhibit III.

Recommendation No. 2

Given the manifest ineffectiveness of the Project Implementation Unit, USAID/Jamaica, in consultation with the GOJ/MOH, take whatever action may be necessary to:

(a) integrate the role and functions of the present PIU into the management structure of the MOE under the direction of the Principal Medical Officer for Primary Health Care, and

(b) ensure that adequate, expatriate technical advisors are employed to achieve the goals and objectives of the health management project.

THE' SUPPLY OF VITAL, ESSENTIAL AND NON-ESSENTIAL DRUGS HAS NOT
IMPROVED

Lack of progress in the supply management component of the project hindered efforts to improve the supply of drugs in rural clinics (PHCCs). These clinics were often out of vital, essential, and non-essential drugs for extended periods. The supply component was to introduce improvements and efficiencies in procuring, storing, and dispensing drugs. The lack of progress is attributable to the lengthy time taken to plan and implement this component further aggravated by the GOJ's lack of foreign exchange. Without sufficient drugs, however, the PHCCs cannot operate effectively and are forced to refer patients to larger medical centers--just the opposite of what was intended.

Chronic shortages of pharmaceutical and medical supplies prevented the PHCCs from furnishing minimal levels of care. Diabetic and hypertensive patients were referred to already overburdened and more expensive hospitals. The adequacy of resources to purchase drugs, pharmaceuticals and medical supplies had not improved at the time of our audit. The Supply Management component was to introduce improvements and efficiencies in procurement costs, in inventory control, distribution systems, storage, delivery, security, procedures, and training. All of

these above procedures would, it was hoped, permit a more cost-effective and efficient supply management system which would adequately service PHCCs. A lack of adequate drug supplies has affected not only patient care but also the morale of PHCC staff who must nevertheless cope with patients seeking care.

The overall cause of the above condition lies in the lengthy time it had taken to implement the procurement, inventory control, and distribution systems of this component which, it was conceived, would result in more commodities being delivered more expeditiously to the field. For example, the National Formulary Committee had not yet made its final recommendations on streamlining drug purchases by resorting to generic drugs thereby reducing the number of drugs purchased by the MOH from 1400 to 300, and the number of drugs dispensed by rural clinics from 300 to 40. These actions were due August 30, 1984, according to the latest plans. As of August 16, 1984, only one of eight subcommittees had submitted its recommendations. Further delays were likely as the Senior Medical Officer of Health had yet to approve these recommendations.

The VEN drug system had not yet been fully implemented. A listing of core drugs had been developed, approved and is being implemented in conjunction with a revised treatment protocol. Leakage or pilferage of drugs was still a serious problem at

the time of our audit. In May 1964, for example, the GOJ's Island Medical Stores were robbed of drugs (not AID financed) valued at about \$37,000.

Conclusion

There had been no significant improvement in the chronic shortages of vital, essential, and non-essential drugs in the PHCCs. Field staff morale continued to plummet; patient care in the PHCCs had not gotten better; more and more patients were being referred for more costly hospital care; more doctors, nurses, and dentists were leaving the PHCCS causing some clinics to be shut down temporarily or to be unable to provide particular services.

While the planned modifications in drug procurement will help, improvements and efficiencies in procurement costs, inventory control, distribution systems, storage, delivery, security procedures and training alone will not eliminate the chronic shortages of drugs in the PHCCs. More budgetary support is also needed. We concluded that the security around the Island Medical Stores and Bulk Medical Stores needed tightening up, that surprise inventories of drugs as well as better control of keys to the Island Medical Stores would improve security and deter employee pilferage, and that Subcommittee recommendations for the National Formulary required followup and acceleration by higher level MOH officials.

Recommendation No. 3

USAID/Jamaica, in cooperation with the GOJ Ministers of Health and Finance:

a) review AID Policy Paper "HEALTH ASSISTANCE," dated December 1982. In accordance with Section V. B, "Promoting Economically Viable Health Policies," consider some level of user fees for medicines and drugs for all but the most indigent users;

(Since the draft was issued, MOH has reportedly instituted a user fee for all patients receiving clinic services, pharmaceuticals and other medical supplies, except those receiving the GOJ equivalent of welfare. However, this needs to be verified by USAID/Jamaica.)

b) develop and implement a program of unannounced drug inventories;

c) determine the status of the National Formulary Sub-Committee deliberations and accelerate their recommendations;

d) review current security arrangements for medical storage depots and their access control systems to ascertain how they can be improved.

SLOW HEADWAY IN MAINTENANCE AND MINOR RENOVATION COMPONENT

Only 14 of 62 minor renovations had been completed and a comprehensive maintenance plan was not yet in existence. The project paper envisioned the minor renovation work to be completed in the first three years of the project's life (by October 1984). The lack of progress in this component was attributable to the failure of MOH to develop an adequate maintenance plan which, inter alia, led to a freeze by AID officials on new project expenditures. After three years, the HMIP had not had its planned impact on the majority of the PHCCs scheduled for upgrading.

Many of the PHCCs continued to fall into disrepair and to develop further maintenance problems. Additionally, conditions in many of the adjacent nurses' quarters were also deteriorating. The HMIP was to restore 62 PHCCs, including the addition of supplementary food and medical records storage space, and to prepare a five-year maintenance plan for the remainder (324). As of August 1984, only 14 of these 62 renovations were accomplished and a five-year maintenance plan as envisioned in the project paper had not been produced. (A satisfactory plan would have developed a schedule of planned maintenance items for all 386 clinics in a prioritized curative and preventive maintenance order.) AID Handbook 11, Chapter 2 regulations

requiring competition in bidding were not followed for the first 14 PHCCs renovated. Additionally, at some of the 14 PHCCs, the minor renovation work appeared to be defective. The reparations completed at Cedar Valley, Yallahs, and Stoney Hill PHCCs, which we visited, appeared to suffer from shoddy work. At Cedar Valley, wall paint had not dried in a year; at Yallahs, vertical cracks ran from the ceiling to the floor in a newly constructed wall. Shelving in the medical records storage room at Stoney Hill took up so much space that it was difficult to walk about in the room. Nevertheless, contractors were paid, as inspection procedures apparently had failed to correct these deficiencies.

AID officials attributed some of the delays in this component to IMF-imposed conditions which caused GOJ budget cuts and reductions in force. These officials stated that GOJ expenditures were reduced 30 percent in the project's first year and 50 percent in the project's second year. We attributed some lack of progress in this component to the MOH's failure to timely develop an adequate maintenance plan. The AID Project Officer stated that expatriate technical assistance to develop such a plan was refused by MOH officials who preferred to develop the plan themselves or contract for it locally. However, they were unable to submit an adequate plan on time. Some delay in the remaining 48 minor renovations to PHCCs was

attributed to the length of time it took AID and MOH to agree to mutually acceptable procedures.

Worsening Conditions Affect Morale

PHCCs had gotten into a worse state of disrepair because GOJ - MOH was not preventive-maintenance-conscious and did not provide adequate financial resources for this task. The GOJ's approach to maintenance was curative rather than preventive. Originally, the renovation work was to have been given high priority and completed early in the project so that the improved or operational physical facilities could be integrated into the other project components as early as possible. As it turned out, PHCCs were forced to compete with hospitals for scarce maintenance and renovation funds. Since maintenance of PHCCs was allocated a very small share of the maintenance budget (11%), it was not surprising to find that their condition had deteriorated. No maintenance records were kept nor was a maintenance schedule being maintained for the PHCCs. Field personnel informed us that the morale of PHCC staff continued to deteriorate with more staff deciding to leave the Primary Health Care Delivery System. PHCC personnel stated that if the nurses' quarters deteriorated much further, they would become unlivable and the nurses would likely quit, causing various PHCCs to be closed or services reduced. We also believe that field staff input for the remaining 48 PHCCs scheduled for minor renovation

needs to be sought and more effectively utilized as regards what needs to be done in the way of repairs. We learned that field personnel such as nurses were unaware how to go about requesting repairs and that a principal cause of disenchantment among field staff during the first round of 14 repairs was a feeling that their input was either not sought or heeded.

Conclusion

There is a strong need for expatriate technical assistance (T/A) to further develop and refine a five-year maintenance plan for the PHCCs. The GOJ/MOH has thus far declined such T/A because it was apparently not a priority consideration for them and they considered off-shore T/A too expensive. We believe more field input needs to be obtained when the five-year maintenance plan is put together. PHCC field personnel should be consulted to learn about the maintenance problems specific to each clinic. The current inspection system for minor renovations needs to be reviewed to ascertain why certain problems at Cedar Valley, Yallahs, and Stony Hill remained uncorrected before and after final payments had been made to contractors performing this work.

Recommendation No. 4

USAID/Jamaica, in consultation with the GOJ project staff:

(a) ensure that field staff are appropriately consulted with respect to the remaining 48 minor renovations;

(b) provide for patient flow as well as repairs to nurses quarters in future renovation work;

(c) determine whether the current GOJ/MOH construction and repair inspection system can be improved.

LACK OF PROGRESS IN THE MAJOR RENOVATION COMPONENT

Construction and major renovation activity for St. Jago, Gayle, and Denham Town clinics had yet to be undertaken. PIL number three indicated that all construction activities were to be completed by the third year of project activity (October 1984). As of August 1984, only one of four major activities had been completed. The other three renovations had been delayed due mostly to poor planning and implementation efforts. As a

result, project expenditures were lagging and this component was having little impact on the project's success to date.

PIL No. 3 dated December 2, 1981, called for all construction activities to be completed by the third year of project activity. As of August 1984, only one of four major activities was completed, the Media Training Center in July 1984. Construction and major renovation activity for St. Jago, Gayle, and Denham Town clinics had not been undertaken at the time of this audit. Staff and patients at these clinics continued to work and be treated in substandard medical settings.

The St. Jago major renovation was delayed because of poor planning and implementation efforts. Originally, the MCH was to renovate the existing old building. This plan was scrapped after many months were expended fruitlessly. A second informal deliberation involved construction of a prefabricated building, but this plan was eventually discarded. The third plan involving construction of a conventional concrete structure failed to include storage for drugs and medical supplies. This appeared to be due to an oversight on the part of the Project Manager and the head of major renovation component. The current plan involves modifying the previous conventional concrete structure to include the parish medical stores depot.

The PHCC at Gayle was delayed because of working staff dissatisfaction with the original preliminary drawings. According to the major renovation component head, the cognizant principal medical officer failed to adequately consult with the doctors, nurses, and other staff before giving the go-ahead to start preliminary drawings. The staff at this clinic were dissatisfied with patient flow, nurses' quarters, etc. The component head has had to have the preliminary drawings redone for review of the Gayle clinic staff.

The delays at Denham Town appeared to be due mainly to the length of time it took AID and MOH to agree to mutually acceptable procedures. These procedures are found in correspondence dated January 14, 1983, and PIL No. 50, "Procedures for Major Renovation," dated November 10, 1983. The need for such formal procedures was not recognized by USAID/Jamaica for over 15 months and they were not finalized until two years after the project had begun. Better planning could certainly have alleviated this condition.

Several AID officials attributed delays in both this component and the minor renovation and maintenance component to failure by the GOJ to assign competent individuals to these tasks. The USAID engineer in Jamaica stated that 15 months, 3 TDY assists, and technical assistance furnished to the HMIPs's construction

component head had not resulted in the development of a satisfactory five-year maintenance plan. GOJ officials attributed some of the delays in this component to the AID-imposed freeze on new expenditures. This freeze was made necessary in part because GOJ had failed to satisfy the CP concerning the development of a five-year maintenance plan.

Conclusion

These major renovation efforts had been inordinately delayed because GOJ - MOH officials had changed or modified plans several times. These changes and modifications reflected poor original planning and a lack of consensus among GOJ project staff. In order to complete this activity, GOJ officials should expeditiously finalize plans and implement them. A strong, technically competent official with authority to make final decisions appeared to be lacking in this component. In order to get this component back on track and to be finished, the major renovations need to comply with PIL No. 50, dated November 10, 1983. The USAID engineer will have to closely monitor and assist in this endeavor so as to obtain a firm final commitment from decision makers to complete these efforts without further changes or delays.

Recommendation No. 5

- USAID/Jamaica, in consultation with GOJ/MOH:
- (a) develop final plans for the remaining three major renovation efforts,

 - b) verify and approve through site visits GOJ compliance with the annual construction and renovation plans approved in August 1984.

BETTER PLANNING WOULD HAVE AVOIDED IMPLEMENTATION PROBLEMS IN
THE NEW MEDICAL RECORDS SYSTEM

Only 70 of the 386 PHCCs had been converted to the new standardized medical records system. The system was planned to begin in 1982 but didn't actually get underway until the Spring of 1984. Delays can be traced to lateness in receipt of the medical records forms from the GOJ printing office and frequent GOJ budget cutbacks. Failure to fully implement the new Standardized Patient Care Record System (new medical records system) delayed the receipt of data essential to improving future planning and management of the PHCDS--one of the major objectives of the HMIP.

According to the project paper, the new medical records system was planned to begin in 1982 but did not actually get underway until 1984. The implementation plan called for statistically valid test samples to be drawn by June 1985; a detailed survey of patient records was to be undertaken by September 1985. At the time of our audit in August 1984, only about nine months remained to implement the system as planned in the remaining 316 PHCCs.

This component was over two years behind schedule with about 30 months left in the project. Additionally, some parishes did not budget this year for purchases of the old medical records

forms, apparently assuming that the new medical records system would already have been instituted. HMIP funds the costs of the new medical records during the life of the project. Insufficient medical records forms and jackets were on hand to ensure an adequate supply of new forms for all PHCCs. 300,000 forms were initially ordered and, after some delay, received from the GOJ Printing Office. About 220,000 of these forms were distributed to parish medical health offices and 80,000 were held by the HMIP sub-component head to handle temporary shortages. Some of the 220,000 forms distributed to parish offices were not distributed to PHCCs but remained in storage rooms.

The sub-component head attributed some of the delay to the GOJ government printing office. This official stated that he had placed a records order in November 1982 which wasn't delivered until October 1983. Frequent changes in proposed implementation plans had also caused delays. For example, the original plan called for new medical records to be implemented island-wide in a sweep from west to east. This plan was discarded in favor of a plan that would implement the records in all Type III clinics first. ^{5/} This idea was subsequently dropped also

^{5/} There are five types of PHCCs, Type I through Type V, the latter offering the most services. A Type III clinic has an assigned doctor, supervisory nurse, nurse-practitioner, and public health inspector; it serves a population of about 20,000 persons.

and substituted with one whereby the the principal medical officers would decide when and where the new medical records would be adopted in their respective parishes. Months went by while decisions over how to implement the system were delayed. Attending physicians delayed the implementation of the new medical records system because of concerns they had raised. For example, they complained that they needed clerical assistance to get the new system started. In some cases they didn't want the records because the clinics had leaking roofs. Some doctors stated they had no medical records room or inadequate medical records shelving to set up the system. Some principal medical officers balked at the distribution of the new records system until they received assurances from HMIP that adequate supplies beyond the initial stocking were ensured.

At the time of our audit, the MOH sub-component head had no detailed implementation plan as to how and when he intended to implement the system for the remaining 316 PHCCs. Without a prioritized plan with definitive dates, we do not believe the system can be efficiently implemented. A prioritized implementation schedule needs to be developed for the remaining 316 PHCCs not yet brought into the new medical records system. This prioritization should be based on clinic usage, starting with the largest. At the time of our audit we noted that an average of 26 PHCCs a month would have to be brought on line in order to have all PHCCs medical records systems functioning by June 1985, when survey activities are slated to begin.

Conclusion

Without a detailed PIP, actively supported by the Minister of Health, the new medical records system will not be timely implemented, or may not be implemented at all in some clinics. This will delay or prevent the MOH from being able to draw a statistically valid sample of data essential to the future planning and management of primary health care delivery -- one of the primary objectives of the HMIP.

We concluded that the subcomponent head was not aware how the 220,000 medical forms sent to the field had been distributed. He did not know how many had actually been used, how many were stocked in parish supply rooms undistributed, etc. The subcomponent head was not requiring the parishes to report back on usage of the forms sent to the field. Therefore, he did not know if forms needed to be redistributed to alleviate shortages or overages.

Recommendation No. 6

USAID/Jamaica, in consultation with the MOH project staff:

- a) develop a detailed implementation plan for the new medical records system which takes into account the capability of the MOH printery (once established) to supply a given amount of forms in a given amount of time. (The plan should reflect the number of forms already in the field but undistributed.)

b) develop an inventory stock supply system to control and regulate the distribution of new records into the parishes so that the proper supply of forms is on hand to ensure the adequate functioning of the system. (A part of this system requires parishes to periodically report back on the usage status of the forms previously sent to the field.) Set up a mechanism to redistribute forms to alleviate shortages or overages;

c) determine whether all participating clinics have adequate medical records shelving;

d) investigate and develop, if necessary, temporary assignments of clerical personnel to help in the start-up of new medical records systems in the clinics.

HEALTH INFORMATION SYSTEM ACTIVITIES DELAYED

The HIS component had produced reports which were late and in some cases not entirely accurate. The HIS component had been unable to do any real analysis of health information statistics, to further develop or refine HIS statistics, or to train MOH personnel how to make better use of HIS statistics for planning and management purposes. Delays of over a year in filling all the personnel slots and problems at GOJ's National Computer Center contributed to many of the problems of this component.

The Health Information component is comprised of two major activities: design and implementation of standardized patient records for primary health care and design, implementation and utilization for health planning of a Monthly Clinic Summary Report (MCSR). Medical records activities have been previously discussed in this report. Although the MCSR has not realized planned progress for its purpose as a health planning tool, the system has been designed and implemented with success. Due to high staff turnover at the Health Information Unit, the component head has actually been performing a staff function. This has inhibited the Unit's capability to train existing staff or organize technical assistance to train clinic personnel on use of the MCSR for health planning purposes.

The HIS component has had some difficulty in issuing accurate and timely reports. Personnel from the Field Support component complained that Monthly Clinic Summary Reporting System (MCRS) reports were produced very late and were of questionable accuracy. The HIS component head stated that the last quarter's data of the 1983 MCRS report was estimated; the report not actually issued until June 19, 1984.

The HIS component head attributed much of the delay in issuing the reports to problems at the National Computer Center over which he had no control. He noted that in order to meet processing deadlines at the center he had to estimate data for the last quarter of 1983. He noted that timely submission of data for inclusion into this report had been a problem.

More recently, delays in filling personnel slots had also been a major problem. For example, all eight persons working in this section were brought in at least one year late. At the time of the audit, personnel turnover was the reason only six individuals were on board. Perhaps the main reason for turnover in these positions was that staff working there were not getting credit for retirement purposes. 6/ Better planning and prompt action in this regard could have alleviated the turnover problem.

6/ The reason for this was that these positions had not appeared in "The Establishment Act." It is from this date that positions are tenured by the GOC for retirement purposes. The HMIP Project Manager believed that these positions will appear in the next establishment lists.

Conclusion

We concluded that because of delays in personnel placement and turnover, HIS was able to do little more than produce reports which were late and in some cases not entirely accurate. The HIS component was unable to do any real analysis of health information statistics and it was unable to further develop or refine HIS statistics, or to train MOH personnel in how to make use of HIS statistics for planning and management purposes.

Without better staffing, this component will not be able to complete such goals and objectives as: analysis of health information statistics, developing new and refining existing HIS statistics, or training MOH management how better to use HIS statistics for planning and management purposes.

Recommendation No. 7

USAID/Jamaica, in consultation with the GOJ/MOH:

- a) determine if current goals, objectives and plans for the health information system are realistic given the current status and problems of the project; and
- b) redirect resources into those areas currently determined to be viable.

| <u>Project Component</u> | <u>Planned Start Date</u> | <u>Actual Start Date</u> | <u>Planned Completion Date</u> | <u>Status</u> |
|--|---------------------------|--------------------------|--------------------------------|---|
| <u>Supply Management</u> | | | | |
| Establish National Formulary | 10/83 | 10/83 | 9/84 | As of 8/84 only 1 of 8 subcommittees had submitted their recommendations for basic drugs to be stocked by Government health facilities. |
| Establish W/N System | 2/82 | 7/82 | 9/84 | Full implementation awaits completion of training. |
| Establish 8 parish storage depots | 6/84 | 9/84 | 12/86 | As of 8/84 only 1 location positively identified. |
| Design treatment protocols | 5/84 | 9/84 | 2/85 | In progress. |
| Publish drug supply management operational manual | 6/82 | 6/82 | 6/83 | Final draft was to have been reviewed 3/83 and published 6/83. However, major revisions will be needed. |
| 450 HCH personnel trained in supply management | 6/82 | 6/82 | 12/86 | Institutionalization of system depends on use of manual. |
| 800 doctors and nurses trained to administer and use new supply system | 6/82 | 6/82 | 12/86 | Institutionalization of system depends on use of manual. |
| Upgrade Island medical storage | 2/82 | 2/82 | 9/84 | Project activities completed; however, storage facilities still below standard. |
| <u>Facilities Development, Equipment and Administrative Services</u> | | | | |
| Hdln training center | 12/81 | 5/82 | 5/83 | Building completed 7/84. |
| Oriskany town major renovation | 4/82 | 11/83 | 5/83 | 7/26-7/29/84 advertised for prequalification of bidders in a local Kingston daily newspaper. |
| St. Leo major renovation | 4/82 | 1/83 | 5/83 | 7/26-7/29/84 advertised for prequalification of bidders in a local Kingston daily newspaper. |
| Chyle major renovation | Not in original plan | 11/83 | Not in original plan | 7/26-7/29/84 advertised for prequalification of bidders in a local Kingston daily newspaper. |
| Printing press purchased, outleak, printery established | 4/83 | 7/84 | 3/84 | ODJ procurement officer in process of writing specifications for press in 7/84. |

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| <u>Project Component</u> | <u>Planned Start Date</u> | <u>Actual Start Date</u> | <u>Planned Completion Date</u> | <u>Status</u> |
|---|---------------------------|--------------------------|--------------------------------|---|
| <u>Maintenance & Minor Renovation</u> | | | | |
| 62 minor renovations | 4/82 | 5/82 | 10/84 | 14 minor renovations had been completed as of 8/84. Other 48 had not been started. |
| 5-year maintenance plan | 10/81 | 9/82 | 10/82 | A maintenance plan was approved by AID (8/83); however, it did not fully comply with the goals of the project paper. |
| <u>Health Information Statistics</u> | | | | |
| Design and implement MCRS | 10/81 | 10/81 | 12/86 | Somewhat behind schedule but satisfactory. |
| Introduce new Standardized Medical Records in 386 PHCC | 4/82 | 4/84 | 6/85 | 70 PHCCs had new Standardized Medical Records. As of 8/84, Project Manager estimates component 2 years behind schedule. |
| Develop and refine statistics | 3/83 | 8/83 | 12/86 | Satisfactory progress. |
| Initiated analysis of H.I.S. | 4/82 | 8/83 | 12/86 | Not fully implemented. |
| Information system for other Primary Health Care Data | 2/83 | 8/83 | 12/83 | Completed. |
| Train 1000 HHI staff in collecting, processing, reporting | 3/82 | 3/82 | 12/86 | Behind schedule but satisfactory. |
| <u>Manpower Development & Training</u> | | | | |
| Prepare annual HHI training plans | 4/82 | 4/82 | 8/86 | Second annual plan completed 8/84. |
| Develop manpower inventory for 12,000 employees | 6/82 | 6/82 | 10/82 | At least 2 years behind schedule per GOJ manager. |
| Analyze and redesign HHI's personnel management system | 4/83 | 4/83 | 3/87 | At least 2 years behind schedule per GOJ manager. |
| Give 400,000 days of training to HHI staff | 10/82 | 10/82 | 3/87 | As of July 1984, about 10,000 student days of training had been given in connection with IMIP activities. |

8/1

| <u>Project Component</u> | <u>Planned Start Date</u> | <u>Actual Start Date</u> | <u>Planned Completion Date</u> | <u>Status</u> |
|---|---------------------------|--------------------------|--------------------------------|--|
| <u>Primary Health Care Field Support</u> | | | | |
| Community participation activities | 6/83 | 6/84 | 2/86 | At least 12 months behind schedule per GOJ project manager who deleted it from budget. |
| Develop curricula materials for education and training | 7/83 | Not started | Not indicated | " |
| Standardize documented staffing plans, position descriptions, reviewed and approved | 1/84 | Not started | 6/84 | " |
| National Radio Communications System | 11/83 | 4/83 | 11/84 | " |

Nutrition

| | | | | |
|-------------------------------------|-------|-------|-------|---|
| Management development | 2/84 | 6/84 | 3/84 | Completed August 1984, about 4 months late. |
| Nutrition education & communication | 3/84 | 3/84 | 4/85 | On schedule. |
| Nutrition surveillance (women) | 11/83 | 11/83 | 1/86 | On schedule. |
| Nutrition surveillance (children) | 3/83 | 3/83 | 11/83 | On schedule. |
| Technical training | 9/82 | 9/82 | 3/87 | On schedule. |

Health Planning

Defunct as of 8/83 as GOJ unable to furnish suitable counterparts.

Management Services Unit

Not in existence as of 8/84. MCI has thus far been unable to find suitable counterparts for the technical advisors that would have been assigned to the unit.

Project Implementation Unit

Coordinates and schedules implementation of the IMIP project with the MCI with the advice and assistance of USAID.

Financial Summary as of June 30, 1984
Health Management Improvement Project
Project No. 532-0064
USAID/Jamaica

| <u>I N P U T</u> | <u>P L A N</u> | | | | <u>D I S B U R S E M E N T S</u> | | |
|----------------------|--------------------|--------------------|----------------------------------|---------------------|----------------------------------|-------------------------------|-----------------------------------|
| | <u>AID Loan</u> | <u>AID Grant</u> | <u>GOJ Contribution</u> | <u>Total</u> | <u>AID Loan</u> | <u>AID Grant</u> | <u>GOJ Contribution</u> |
| Commodities | \$2,187,721 | \$ 0 | \$601,405 | \$2,789,126 | \$469,511 | \$ 0 | \$198,982 |
| Training | 577,686 | 92,854 | 53,349 | 723,889 | 18,178 | 0 | 52,001 |
| Technical Assistance | 1,329,144 | 894,146 | 13,171 | 2,236,461 | 831,929 | 92,083 | 0 |
| Support Costs | 373,615 | 30,000 | 1,903,838 | 2,307,453 | 205,665 | 0 | 778,543 |
| Innovation | 3,683,027 | 0 | 242,440 | 3,925,467 | 672,995 | 0 | 18,071 |
| Reserve Contingency | 112,760 | 0 | 0 | 112,760 | 0 | 0 | 0 |
| Evaluation | 159,474 | 0 | 336,831 | 496,305 | 0 | 0 | 0 |
| General Contingency | 130,573 | 0 | 115,474 | 246,047 | 0 | 0 | 0 |
| Total | \$8,554,000 | \$1,017,000 | \$3,266,508 ^{1/} | \$12,837,508 | \$2,198,278 ^{2/} | \$92,083 ^{3/} | J\$1,047,597 ^{4/} |

^{1/} Per Program Implementation Letter No. 53 dated March 26, 1984, the GOJ counterpart contribution to IMIP is \$3,266,508, which was then equivalent to J\$9,839,234 (Jamaican dollars).

^{2/} 25.7 percent of AID's loan commitment had been disbursed as of June 30, 1984.

^{3/} 9.1 percent of AID's grant commitment had been disbursed as of June 30, 1984. Total AID loan and grant expenditures as of June 30, 1984 were \$2,290,361 or 23.9 percent of total AID-financed project funds.

^{4/} GOJ expenditures as of June 30, 1984 were J\$1,047,597 or 10.6 percent of their J\$9,839,234 commitment.

Exhibit III

In order to resolve Recommendation No. 1, we would anticipate that USAID/Jamaica, in conjunction with cognizant GOJ officials will take certain actions:

(a) Senior AID officials will meet with the Minister of Health and the Minister of Finance to ascertain whether the GOJ wishes to continue this project in light of the disagreements as to what the project is supposed to accomplish, the difficulties in implementing the project, and the current priorities of the GOJ.

If it is decided that the project should continue:

(b) MOH in concurrence with USAID will require all HMIP component heads to spend not less than 10 percent of their time outside the capital city observing activities and learning of implementation difficulties first hand from field personnel. It is hoped that these more frequent field visits will result in more input, involvement, and commitment to HMIP by senior parish medical officers.

(c) USAID and the Minister of Health will take steps to identify and rectify the problems in filling HMIP position vacancies. USAID/Jamaica will obtain agreement from the MOH to fill these positions with existing competent MOH personnel, other GOJ personnel, or with new hires. These personnel should be in place by the end of 1984.

(d) MOH in consultation with USAID officials will ensure that the heads of the Manpower Development and Training, Facilities Development Equipment, Administrative Services, and Maintenance and Minor Renovation components submit their Project Implementation Plans as soon as possible. Additionally, other component and subcomponent work plans will be reviewed to ensure that they are detailed enough to be properly implemented.

(e) MOH in consultation with USAID officials will (i) ascertain what project vehicles are operating, where they are located, what vehicles are grounded and why, and take steps necessary to get these vehicles operating as quickly as possible, including making arrangements with a local automobile dealer to supply spare parts for project vehicles, (ii) order an inventory of parish equipment storage areas to ascertain the amount of HMIP equipment not distributed to PECCs, the reasons for non-delivery, and take the necessary steps to ensure delivery of equipment as quickly as possible.

(f) MOH in consultation with USAID officials will take action to comprehensively review the unutilized draft Drug Supply Management Operations Manual and to identify its shortcomings and deficiencies, if any, finalize it, and place it into use.

LIST OF RECOMMENDATIONS

Recommendation No. 1

USAID/Jamaica, in consultation with the GOJ/MOH, within six months of the date of this report:

(a) achieve resolution of the detailed recommendations following, or

(b) take steps to terminate the HMIP in whole or in part.

Recommendation No. 2

Given the manifest ineffectiveness of the Project Implementation Unit, USAID/Jamaica, in consultation with the GOJ/MOH, take whatever action may be necessary to:

(a) integrate the role and functions of the present PIU into the management structure of the MOH under the direction of the Principal Medical Officer for Primary Health Care, and

(b) ensure that adequate, expatriate technical advisors are employed to achieve the goals and objectives of the health management project.

Recommendation No. 3

USAID/Jamaica, in cooperation with the GOJ Ministers of Health and Finance:

a) review AID Policy Paper "HEALTH ASSISTANCE," dated December 1982. In accordance with Section V. B, "Promoting Economically Viable Health Policies," consider some level of user fees for medicines and drugs for all but the most indigent users;

b) develop and implement a program of unannounced drug inventories;

c) determine the status of the National Formulary Sub-Committee deliberations and accelerate their recommendations;

d) review current security arrangements for medical storage depots and their access control systems to ascertain how they can be improved.

Recommendation No. 4

USAID/Jamaica, in consultation with the GOJ project staff:

(a) ensure that field staff are appropriately consulted with respect to the remaining 48 minor renovations;

(b) provide for patient flow as well as repairs to nurses quarters in future renovation work;

(c) determine whether the current GOJ/MOH construction and repair inspection system can be improved.

Recommendation No. 5

USAID/Jamaica, in consultation with GOJ/MOH:
(a) develop final plans for the remaining three major renovation efforts.

b) verify and approve through site visits GOJ compliance with the annual construction and renovation plans approved in August 1984.

Recommendation No. 6

USAID/Jamaica, in consultation with the MOH project staff:

a) develop a detailed implementation plan for the new medical records system which takes into account the capability of the MOH printery (once established) to supply a given amount of forms in a given amount of time. (The plan should reflect the number of forms already in the field but undistributed.)

b) develop an inventory stock supply system to control and regulate the distribution of new records into the parishes so that the proper supply of forms is on hand to ensure the adequate functioning of the system. (A part of this system requires parishes to periodically report back on the usage status of the forms previously sent to the field.) Set up a mechanism to redistribute forms to alleviate shortages or overages;

c) determine whether all participating clinics have adequate medical records shelving;

d) investigate and develop, if necessary, temporary assignments of clerical personnel to help in the start-up of new medical records systems in the clinics.

Recommendation No. 7

USAID/Jamaica, in consultation with the GOJ/MOH:

a) determine if current goals, objectives and plans for the HIS are realistic given the current status and problems of the HMIP; and

b) redirect resources into those areas currently determined to be viable.

LIST OF REPORT RECIPIENTS

| | |
|---------------|----|
| USAID/Jamaica | 5 |
| AA/LAC | 5 |
| LAC/CAR/J | 2 |
| LAC/DP/PO | 1 |
| EXRL | 1 |
| LEG | 1 |
| OPA | 2 |
| GC | 1 |
| AA/M | 1 |
| M/FM/ASD | 2 |
| S&T/HP | 1 |
| S&T/H | 1 |
| PPC/E | 1 |
| PPC/E/DIU | 2 |
| M/SER/MO | 1 |
| M/SER/EOMS | 1 |
| LAC/DR/CP | 1 |
| LAC/DR/HN | 1 |
| LAC/EMS | 12 |
| LAC/CONT | 1 |

UNCLASSIFIED
Department of State

INCOMING
TELEGRAM

PAGE 01 OF 07 KINGST 09194 00 OF 03 171651Z 4358 027062 AID1105
ACTION AID-00

KINGST 09194 00 OF 03 171651Z 4358 027062 AID1105
PROGRAMMED FOR NEW OR REVISED PROJECT ACTIVITIES.

ACTION OFFICE IGPP-02
INFO LAEM-02 LACE-03 LADP-04 LADR-01 IG-01 IGA-01 IGEN-02
IGW-02 RELO-01 TELE-01 LACA-03 /025 A4 017

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AMEMBASSY TEGUCIGALPA

UNCLAS KINGSTON 09194

AIDAC

DEPT FOR IG/PPP & LAC/OR/HM
TEGUCIGALPA FOR C. GOTHARD, RIG/A/T

E.O. 12356. /A
PROJECT AUDIT: AUFIT REPORT NO. 1-532-85-3

REF: (A) KINGSTON 04162, (B) TEGUCIGALPA 10554

1. THIS CABLE ADDRESSES OPEN AUDIT RECOMMENDATIONS OF THE HEALTH MANAGEMENT IMPROVEMENT PROJECT NUMBERS 1A; 1B; AND 7B. RECOMMENDATIONS NUMBER 1A AND 1B STATE THAT RESOLUTION OF THE DETAILED RECOMMENDATIONS BE ACHIEVED OR THE PROJECT BE TERMINATED. USAID HAS PREVIOUSLY CLOSED OUT ALL OTHER RECOMMENDATIONS EXCEPT 7B. THIS CABLE PROVIDES THE NECESSARY DETAIL (B)
REQUEST CLOSING OF THE AUDIT IN ITS ENTIRETY.

2. HEALTH MANAGEMENT IMPROVEMENT PROJECT (HMIP)
AU

LT RECOMMENDATION NUMBER 7 (B) STATED THAT USAID/JAMAICA, 18, CONSULTATION WITH THE MINISTRY OF HEALTH (MOH) OF THE GOVERNMENT OF JAMAICA (GOJ), REDIRECT RESOURCES INTO THOSE AREAS CURRENTLY DEEMED TO BE VIABLE. USAID AND THE MOH HAVE MADE MUCH PROGRESS IN THIS TASK. HOWEVER, ONGOING BUDGETING ACTIVITIES WILL NOT BE COMPLETED UNTIL OCTOBER 15, 1985. THE MINISTER OF HEALTH (MOH) HAS REQUESTED THAT LIFE OF PROJECT BUDGETS FOR ALL PROJECT COMPONENTS BE COMPLETED BY HIS MINISTRY BY SEPTEMBER 30, 1985. THESE ARE TO TAKE INTO CONSIDERATION FINANCIAL YEAR 1985-1986 AND THE PROBABLE FINANCIAL YEAR 1986-1987 REST
CTIONS OF THE INTERNATIONAL MONETARY FUND (IMF) AS WELL AS THE REBUDGETING ADDRESSED BELOW. LATENESS OF THIS EXERCISE IS DUE MOSTLY TO THE LENGTHY PARLIAMENTARY DEBATE ON THE FINANCIAL YEAR 1985-1986 ANNUAL BUDGET. IN ADDITION, ARRIVAL OF THE NEW USAID MISSION DIRECTOR IN EARLY AUGUST HAS PROVIDED NEW DIRECTIONS TO THE PROJECT REVIEW PROCESS. FOR THESE REASONS, THE FOLLOWING NARRATIVE REPRESENTS A PRELIMINARY STEP INTO THE TASK OF ENHANCING THE WORKING COMPONENTS OF THE PROJECT AND MOVING THE PROJECT INTO THE SUCCESS SIDE OF THE PERFORMANCE CONTINUUM.

3. SUBSEQUENT TO NEGOTIATIONS WITH THE MOH HELD EARLIER IN THE SUMMER, AGREEMENT HAS BEEN REACHED ON REPROGRAMMING FUNDS OF ONE MILLION ONE HUNDRED AND THIRTY-SEVEN THOUSAND, SEVEN HUNDRED EIGHTY-FIVE U.S. DOLLARS (US DOLLARS 1,137,785). OF THIS AN ESTIMATED SIX HUNDRED AND SEVENTY THOUSAND, FOUR HUNDRED NINETY FIVE U.S. DOLLARS (US DOLLARS 670,495) HAS BEEN

IT IS ANTICIPATED THAT THE BALANCE OF FOUR HUNDRED, SIXTY SEVEN THOUSAND, TWO HUNDRED NINETY U.S. DOLLARS (US DOLLARS 467,290) WILL BE PROGRAMMED IN THE NEAR FUTURE FOR AID PROCUREMENT OF PHARMACEUTICALS AND MEDICAL SUPPLIES UNDER THE HMIP. DETAILS OF LINE ITEM REDUCTIONS, ADDITIONS, AND THIS AND FUTURE NEW PROGRAMMING WILL BE SUBMITTED BY MEMORANDUM TO RIG/A/T BY POUCH.

4. REDUCTIONS HAVE BEEN MADE IN ALL PROJECT COMPONENTS. ON CAREFUL REVIEW AND ON ADVICE OF THE AUDIT SOME ACTIVITIES HAVE BEEN GREATLY REDUCED OR DELETED FROM THE PROJECT. ADDITIONALLY, IN-COUNTRY AND U.S. TRAINING HAVE BEEN REDUCED MORE THAN FOUR HUNDRED THOUSAND U.S. DOLLARS AS A REFLECTION OF THE LARGE DEVALUATION EXPERIENCED BY THE JAMAICAN DOLLAR, MAKING COSTS OF IN-COUNTRY TRAINING MUCH LOWER, AND CONSIDERING THAT ONLY NINETEEN MONTHS REMAIN IN THE PROJECT. THUS LONG-TERM TRAINING CAN NO LONGER BE CONSIDERED VIABLE.

5. AS STATED IN 3 ABOVE, A LARGE PORTION OF UNPROGRAMMED FUNDS HAVE BEEN SET ASIDE FOR PURCHASE OF PHARMACEUTICAL AND MEDICAL SUPPLIES. THE CURRENT ECONOMIC SITUATION IN JAMAICA HAS TREMENDOUS IMPACT ON THE ABILITY OF THE GOJ TO PURCHASE DRUGS AND OTHER ITEMS AS NEEDED. DUE TO AUSTERITY MEASURES BEING TAKEN BY THE GOJ TO COMBAT THE WORSENING ECONOMIC SITUATION, THE ANNUAL GOVERNMENT BUDGET FOR PHARMACEUTICALS AND SUPPLIES HAS REMAINED WITHIN THE SAME JAMAICAN DOLLAR RANGE (BETWEEN TWENTY-FIVE AND THIRTY MILLION JAMAICAN DOLLARS) FOR FINANCIAL YEARS 1982-1986 DESPITE THE LARGE DEVALUATION OF THE CURRENCY AND THE INFLATION OF THE PRICES OF NEEDED ITEMS OVER THAT PERIOD. FOR THE FINANCIAL YEAR

1985-1986 (APRIL 1 - MARCH 31) THE MINISTRY OF FINANCE HAS INDICATED TO USAID THAT THEY WILL BE UNABLE TO MEET EVEN THE THIRTY MILLION JAMAICAN DOLLARS ALLOCATED DUE TO THE DIFFICULTY OF OBTAINING FOREIGN EXCHANGE. WE ARE CURRENTLY NEGOTIATING WITH THE GOJ ON FINANCE SOME OF THESE BADLY NEEDED DRUGS AND SUPPLIES FROM AVAILABLE HMIP FUNDS.

6. IN CONSIDERING PROCUREMENT OF PHARMACEUTICALS, A FOUR PERSON CONSULTANT TEAM REVIEWED THE CURRENT MOH PROCUREMENT AND DISTRIBUTION SYSTEM. THE TEAM WAS IN JAMAICA DURING JULY 1985. ALTHOUGH THE FINAL REPORT HAS NOT BEEN RECEIVED, THE DRAFT REPORT RECOMMENDED THAT AID PROVIDE PHARMACEUTICALS, ON CONDITION THAT CERTAIN ADDITIONAL SECURITY MEASURES BE IMPLEMENTED TO REDUCE LEAKAGE. AS A RESULT, TWO HUNDRED NINETY SIX THOUSAND U.S. DOLLARS (DOLLARS 296,000) OF HMIP FUNDS WILL BE USED TO UPGRADE ISLANDWIDE STORAGE AND DISTRIBUTION OF DRUGS AND MEDICAL SUPPLIES. ISLAND MEDICAL STORES FACILITIES WILL BE RENOVATED, AND LOCKING CONTAINERS FOR HEALTH CENTER DISTRIBUTIONS, ADDITIONAL SUPPLY VEHICLES, AND SUPPLY MANAGEMENT TECHNICAL ASSISTANCE WILL BE PROVIDED. IN ADDITION, THE HMIP ALREADY PLANS TO CONSTRUCT EIGHT PARISH SUPPLY DEPOTS FOR BETTER LOCAL DISTRIBUTION IN AREAS OF GREATEST NEED.

7. ANOTHER FOUR HUNDRED SIXTY-SEVEN THOUSAND, TWO HUNDRED AND NINETY U.S. DOLLARS (DOLLARS 467,290) WILL BE USED FOR PHARMACEUTICAL PROCUREMENT THROUGH USAID UPON CONCURRENCE OF THE GOJ.

8. FACILITIES RENOVATION AND DEVELOPMENT IS A LARGE

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PORTION OF THE PROJECT AND ALSO AN AREA OF INCREASING CONCERN TO THE MOH IN THE CURRENT ECONOMIC CLIMATE, BOTH IN TERMS OF THE MINISTRY'S BUDGET AND DECLINING INDICES OF HEALTH IN THE POPULATION AT LARGE.

6

HUNDRED SIXTY THOUSAND, TWO HUNDRED AND FORTY-FIVE U.S. DOLLARS (DOLLARS 160,245) WILL BE PROVIDED TO INCREASE THE VIABILITY OF PLANNED CONSTRUCTION AND RENOVATION ACTIVITIES IN THE HMIP. PRIVATE ARCHITECTURAL AND ENGINEERING SERVICES HAVE BEEN CONTRACTED TO RAPIDLY COMPLETE DRAWINGS AND TENDER DOCUMENTS FOR MINOR RENOVATION OF THIRTY-SIX OF THE PROJECT'S REMAINING FORTY-EIGHT HEALTH CENTERS. THE DRAWINGS AND DOCUMENTS FOR THE OTHER TWELVE WILL BE COMPLETED BY THE MINISTRY OF CONSTRUCTION AS ORIGINALLY PLANNED. FUNDS ARE BEING USED TO FUND A CONSTRUCTION ADVISOR FOR THE REMAINING LIFE OF THE PROJECT. THIS PERSON WILL BE PLACED IN THE HMIP OFFICE AND ASSIST IN IMPLEMENTATION OF ALL PROJECT-RELATED CONSTRUCTION AND RENOVATION ACTIVITIES.

9. ANOTHER CONCERN OF THE MOH WITH THE CURRENT DETERIORATING HEALTH CONDITIONS IS THE OUTBREAK OF COMMUNICABLE DISEASES DUE TO LOWER LEVELS OF IMMUNIZATION AND SANITATION AND HYGIENE. AN ADDITIONAL ONE HUNDRED THIRTY-NINE THOUSAND, TWO HUNDRED AND FIFTY U.S. DOLLARS (DOLLARS 13,250) ARE TO BE UTILIZED FOR VARIOUS COMMUNICABLE DISEASE PREVENTION ACTIVITIES INCLUDING ACTIVITIES TO BE DETERMINED AT THE COMMUNITY LEVEL. THIS COMPONENT ALSO CONTAINS ADDITIONAL FUNDS FOR DEVELOPING A PARISH-LEVEL RADIO SUPPORT SYSTEM TO AID HEALTH WORKERS IN RURAL AREAS.

10. REMAINING EXCESS FUNDS HAVE BEEN REPROGRAMMED INTO ON-GOING PROJECT ACTIVITIES AS NEEDED TO FUND ADDITIONAL TECHNICAL ASSISTANCE OR TO COVER SHORT-FALL IN OTHER BUDGET ITEMS.

11. THE MINISTRY OF HEALTH HAS INCURRED IN PRINCIPLE INCURRED IN PRINCIPLE TO THE REPROGRAMMING OF FUNDS AS DESCRIBED IN ITEMS 15 THROUGH 10. ADDITIONALLY, THE MINISTER OF HEALTH HAS REQUESTED THE HMIP TASK FORCE REMAIN INTACT AND CONVENE MONTHLY TO MONITOR PROJECT IMPLEMENTATION AND COMPLIANCE WITH ALL AUDIT RECOMMENDATIONS. THE USAID PROJECT OFFICER WILL REVISE LOAN AND GRANT PAYMENTS ACCORDINGLY. THESE WILL BE POUCHED TO RIG/A/T ON COMPLETION.

12. USAID/JAMAICA IS AWAITING FINAL FORMAL APPROVAL BY THE MINISTRY OF HEALTH IN THE REBUDGETING OF THE HMIP. THIS WILL BE EVIDENCED BY MUTUAL AGREEMENT ON A REVISED ANNEX 1 INCORPORATING THE REVISED BUDGET. THE RECENTLY ARRIVED USAID DIRECTOR IS SCHEDULED TO

MEET WITH THE MINISTER OF HEALTH ON SEPTEMBER 17 IN ORDER TO ASSESS THE STATUS OF THE MOH REBUDGETING EXERCISE.

13. USAID/JAMAICA CONCLUDES THAT SATISFACTORY PROGRESS HAS BEEN MADE IN ADDRESSING ALL OUTSTANDING AUDIT RECOMMENDATIONS. IT IS THEREFORE REQUESTED THAT RECOMMENDATIONS 1 (A), 1 (B) AND 7 (B) BE CLOSED. (DRAFTER: OHNP: FMELSON/PHOSER; APPROVED: DIR: WJOSLIN) MEWITT

NOTE BY OC/T: TEXT AS RECEIVED. CORRECTION TO FOLLOW

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AMEMBASSY TEGUCIGALPA PRIORITY

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DEPT FOR 1G/PPP & LAC/DR/HH
TEGUCIGALPA FOR C. GOTHARD, RIG/A/T

E.O. 12356: N/A
SUBJECT: JAMAICA HEALTH MANAGEMENT IMPROVEMENT
PROJECT AUDIT: AUDIT REPORT NO. 1-532-85-3

REF: 85 KINGSTON 09194

1. THIS CABLE ADDRESSES OPEN AUDIT RECOMMENDATIONS FOR THE HEALTH MANAGEMENT IMPROVEMENT PROJECT AND DISCUSSIONS HELD IN JAMAICA WITH RIG/A/T, COINAGE GOTHARD, D/RIG/A/T, FRED KALHAMMER, AND USAID DIRECTOR, WILLIAM JOSLIN, ON FEBRUARY 19, 1986.
2. OPEN AUDIT RECOMMENDATIONS NOS. 1 (A) AND 1 (B) STATE THAT RESOLUTION OF THE DETAILED RECOMMENDATIONS BE ACHIEVED OR THE PROJECT BE TERMINATED. REMAINING OPEN AUDIT DETAILED RECOMMENDATION, NUMBER 7 (B), STATES THAT USAID/JAMAICA, IN CONSULTATION WITH THE JAMAICA MINISTRY OF HEALTH, REDIRECT RESOURCES INTO THOSE AREAS CURRENTLY DEEMED TO BE VIABLE.
3. AT FEBRUARY 19, 1986 MEETING WITH GOTHARD AND KALHAMMER, MISSION DIRECTOR JOSLIN REPORTED ON A SERIES OF RECENT MEETINGS WITH MINISTER OF HEALTH THAT HAVE RESULTED IN A PROPOSED, REALISTIC REPROGRAMMING OF ENTIRE PROJECT. THE NUMBER OF PROJECT COMPONENTS HAS BEEN REDUCED IN HALF, WITH MAJOR FOCUS OF RESOURCES ON: HEALTH CENTER RENOVATIONS; IMPROVED FINANCIAL MANAGEMENT OF THE MINISTRY; DEVELOPMENT OF EFFECTIVE FINANCING ALTERNATIVES FOR HEALTH CARE; AND THE ONE-TIME PURCHASE OF CRITICALLY NEEDED PHARMACEUTICALS THROUGH USA. THERE ARE DRAMP REDUCTIONS IN COMMODITIES, TECHNICAL ASSISTANCE, TRAINING AND THE COSTS FOR THE PROJECT IMPLEMENTATION UNIT.
4. THE REPROGRAMMING EFFORT FOR THE ENTIRE PROJECT REFLECTS A MAJOR OVERHAUL FAR MORE SUBSTANTIAL THAN THE AUDIT RECOMMENDATION 7 (B). THE REPROGRAMMING HAS BEEN DESIGNED TO REALISTICALLY REFLECT THE ANTICIPATED BUDGET ALLOCATION FROM THE GOJ FINANCE MINISTRY. A MEMORANDUM WHICH REFLECTS THESE RECENT DEVELOPMENTS HAS BEEN PREPARED BY MISSION DIRECTOR, AND COPY FORWARDED TO RIG VIA COURIER.
5. ACTION REQUESTED: THAT HMIP OPEN AUDIT RECOMMENDATION NO 7 (B) BE ACCEPTED AS CLOSED, THEREBY CLOSING ALL DETAILED RECOMMENDATIONS, AND IN TURN CLOSING RECOMMENDATIONS NOS. 1 (A) AND 1 (B). (DRAFTED: OHNP: JCOURY; APPROVED: DIR: WJOSLIN) SOTIRNOS

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*budget allowance
\$ 2,000,000
need CN before obligation*

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(Signature)

proposed, when amendment signed audit ac. should be closed

how much?

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FOR IG/PPP & LAC/DR/HN

E. O. 12356: N/A

SUBJECT: AUDIT REPORT NO. 1-532-0064, HEALTH
MANAGEMENT IMPROVEMENT PROJECT

REF: (A) GOTHARD/READE MEMO 9/84, (B) KINGSTON 13409
- (C) STATE 015214, (D) TEGUCIGALPA 04625

1. THE JOINT USAID/JAMAICA - MINISTRY OF HEALTH
TASK FORCE ON THE HEALTH MANAGEMENT IMPROVEMENT
PROJECT HAS ADDRESSED OUTSTANDING RECOMMENDATIONS OF
SUBJECT AUDIT REPORT AND PROVIDES STATUS REPORT AS
FOLLOWS:

2. PER REFTEL (C), THE FOLLOWING AUDIT
RECOMMENDATIONS WERE CLOSED: 3 (A); 4 (B); AND 5 (A).

3. RECOMMENDATIONS NO. 1 (A) AND (B):
USAID/JAMAICA ANTICIPATES THAT OUTSTANDING
RECOMMENDATIONS WILL BE SATISFACTORILY ADDRESSED BY
MAY 15, 1985.

4. RECOMMENDATION NO. 2 (A): INTEGRATE THE ROLE AND
FUNCTIONS OF THE PRESENT PIU INTO THE MANAGEMENT
STRUCTURE OF THE MOH UNDER THE DIRECTION OF THE
PRINCIPAL MEDICAL OFFICER FOR PRIMARY HEALTH CARE.

A. THE ROLE AND FUNCTION OF THE PROJECT
IMPLEMENTATION UNIT WAS REVIEWED AT LENGTH BY THE TASK
FORCE AND RESULTED IN THE FOLLOWING DECISIONS:

- (1)
- THE PRINCIPAL MEDICAL OFFICER FOR PRIMARY
- HEALTH CARE (PMO/PHC) HAS BEEN APPOINTED
- DEPUTY DIRECTOR OF THE WHIP. (THE PERMANENT
- SECRETARY OF MOH IS THE PROJECT DIRECTOR, BUT
- DOES NOT PARTICIPATE IN ACTUAL IMPLEMENTATION
- ACTIVITIES). A DETAILED SCOPE OF WORK
- IDENTIFYING THE ROLE AND FUNCTION OF THE
- PMO/PHC WAS DEVELOPED, REVIEWED AND APPROVED BY
- THE TASK FORCE. THE SOV CLEARLY EXPANDS THE
- ON-GOING INVOLVEMENT OF THE PRIMARY HEALTH CARE
- DIVISION IN THE WHIP.

- THE PMO/PHC WILL:
- (A) BE THE DEPUTY PROJECT DIRECTOR;
- (B) BE DELEGATED FULL RESPONSIBILITY FOR AND
- BE ACCOUNTABLE TO THE PROJECT DIRECTOR FOR
- THE OVERALL IMPLEMENTATION OF THE PROJECT
- ACTIVITIES WITH PARTICULAR REFERENCE TO THE
- ACHIEVEMENT OF PROJECT OUTPUTS AS THEY RELATE
- TO PRIMARY HEALTH CARE. AS SUCH THE PMO/PHC

- WILL PLAN, ORGANIZE, STAFF, DIRECT AND
- CONTROL THE ACTIVITIES PRESCRIBED IN THE
- PROJECT DOCUMENT
- (C) TAKE THE CHAIR FOR THE COMPONENT REVIEW
- MEETINGS - TO COORDINATE AND FACILITATE THE
- DEVELOPMENT OF ALL ACTIVITIES;
- (D) IDENTIFY AND ENCOURAGE THE ACCEPTANCE OF
- ACTIONS NECESSARY TO EXPEDITE ACTIVITIES,
- PARTICULARLY THOSE WHICH ARE BEHIND SCHEDULE;
- (E) INTERFACE DIRECTLY WITH THE CHIEF MEDICAL
- OFFICER AND PERMANENT SECRETARY TO ENSURE
- APPROVAL OF TECHNICAL AND PROCEDURAL MANUALS
- DEVELOPED BY COMPONENT HEADS;
- (F) TAKE DECISIONS OR CORRECTIVE ACTION REQUIRED
- TO RESOLVE PROBLEMS THAT ARISE DURING
- IMPLEMENTATION;
- (G) MAKE RECOMMENDATIONS FOR REVISION OF PROJECT
- ACTIVITIES WHERE NECESSARY;
- (H) MAKE RECOMMENDATION FOR TERMINATION OF
- CONTRACTS OF OFFICERS AND CONTRACTORS NOT
- PERFORMING SATISFACTORILY OR BEING IN BREACH
- OF CONTRACT;
- (I) TAKE NECESSARY ACTION TO DEAL WITH RESISTANCE
- OF STAFF TO THE DEMAND FOR A CHANGE OF
- ATTITUDE AND WORK PROCEDURE DURING THE
- IMPLEMENTATION OF NEW IMPROVED MANAGEMENT
- CONTROLS;
- (J) MAKE REPORTS ON HMIP TO CHD'S MEETING, SENIOR
- MANAGERS' MEETING, FACILITIES PLANNING/
- IMPLEMENTATION MEETINGS AND THE MINISTER'S
- SENIOR DIRECTORS' MEETING AND TO FOLLOW UP AS
- NECESSARY ANY DECISIONS MADE AT THOSE LEVELS;
- (K) ESTABLISH MONTHLY MEETINGS WITH THE USAID
- DIRECTOR OF HEALTH/NUTRITION/POPULATION, THE
- USAID WHIP PROJECT OFFICER AND THE MOH PROJECT

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E.O. 12356: N/A

- MANAGER IN ORDER TO REVIEW PROJECT IMPLEMENTATION;
- (L) IDENTIFY ANOTHER PERSON TO BE THE COMPONENT HEAD FOR THE PRIMARY HEALTH CARE FIELD SERVICES COMPONENT AND PROVIDE ADVICE AS REQUIRED TO THAT COMPONENT HEAD;
- (M) ANY OTHER ACTIVITY REQUIRED TO ACHIEVE PROJECT IMPLEMENTATION.

SUGGESTED PHYSICAL ARRANGEMENTS:

- (A) OFFICE OF PMO/PC TO REMAIN AT 10 CALEDONIA AVENUE.
- (B) REGULAR WEEKLY MEETINGS TO BE HELD BETWEEN THE PMO/PC AND THE PROJECT MANAGER IN THE OFFICE OF THE PMO/PC.
- (C) PMO/PC TO HOLD THE COMPONENT REVIEW MEETINGS AT 10 CALEDONIA AVENUE IN THE SECOND FLOOR CONFERENCE ROOM. SCHEDULE TO BE REVISED AND PMO/PC TO INFORM PROJECT MANAGER OF THE REVISED SCHEDULE.

- (2) SIMILARLY, A REVISED SCOPE OF WORK FOR THE GOVERNMENT OF JAMAICA HEALTH MANAGEMENT IMPROVEMENT PROJECT MANAGER WAS DEVELOPED, REVIEWED AND APPROVED BY THE TASK FORCE.

NOTE: IT IS INTENDED THAT WHILE ENSURING THAT THE PROJECT MANAGER'S ROLE IS NOT REDUCED TO A "PASSIVE MONITORING FUNCTION", AUTHORITY FOR MANY MATTERS, WILL NOT - AS APPEARS NOW - REST SOLELY WITH THE PROJECT MANAGER.

RESPONSIBILITIES OF PROJECT MANAGER:

- REPORTING TO DEPUTY DIRECTOR, THE PROJECT MANAGER WILL BE DELEGATED AUTHORITY TO:
 - (A) UNDERTAKE ALL ACTIVITIES INVOLVED IN ENSURING THAT ADEQUATELY SKILLED PERSONNEL ARE RECRUITED TO CARRY OUT PROJECT IMPLEMENTATION;
 - (B) MAINTAIN DAY-TO-DAY CONTACT WITH IDENTIFIED PERSONS IN PROJECT COMPONENTS IN ORDER TO ENSURE THAT ALL COMPONENT ACTIVITIES ARE CARRIED OUT ACCORDING TO SCHEDULE AND IN ORDER TO MONITOR PROGRESS OF ALL COMPONENTS;
 - (C) IDENTIFY FOR AND REPORT TO DEPUTY DIRECTOR ON INADEQUATE PROGRESS AND STATUS OF PROJECT ACTIVITIES WHICH REQUIRE ADDITIONAL ATTENTION OR CORRECTIVE MEASURES TO ENSURE IMPLEMENTATION IN KEEPING WITH TARGETS;
 - (D) PREPARE ANY REQUIRED MONTHLY AND QUARTERLY STATEMENTS AND REPORTS, AND OTHER AD HOC

- REPORTS AND REQUESTS;
- (E) CALL AND ATTEND THE REGULAR MEETINGS REQUIRED FOR PROJECT REVIEW AND PREPARE AGENDA, ASSEMBLE REQUIRED DOCUMENTATION AND ENSURE THAT MINUTES OF THE MEETINGS ARE TAKEN AND REPRODUCED;
- (F) ENSURE THAT ALL PERSONS REQUIRED TO PREPARE PROJECT IMPLEMENTATION PLANS ARE NOTIFIED AND FOLLOW-UP TO FACILITATE COMPLIANCE;
- (G) SUPERVISE PERSONNEL IN THE PROJECT IMPLEMENTATION UNIT;
- (H) ENSURE THAT ADEQUATE COMMODITIES, FACILITIES AND EQUIPMENT ARE SECURED AND MAINTAINED IN THE PROJECT IMPLEMENTATION UNIT. MAKE AVAILABLE TO CONSULTANTS AND COMPONENT HEADS THE FOREGOING IN ORDER TO ENSURE THE EFFICIENT CARRYING OUT OF OPERATIONS REQUIRED TO SUPPORT HMIP ACTIVITIES IN ALL COMPONENTS;
- (I) BECOME FAMILIAR WITH USAID REGULATIONS GOVERNING PROJECT ACTIVITIES AND MONITOR THEIR APPLICATION TO ENSURE EXPEDITIOUS PROJECT IMPLEMENTATION;
- (J) ENSURE THAT THE REQUIREMENTS OF THE FINANCIAL ADMINISTRATION AND AUDIT ACT, PUBLIC SERVICE REGULATIONS AND CIRCULAR ISSUED FROM TIME TO TIME ARE MET INsofar AS THEY RELATE TO PROJECT IMPLEMENTATION;
- (K) ANY OTHER DUTIES WHICH MAY FROM TIME TO TIME BE DELEGATED BY THE DEPUTY DIRECTOR.
- (3) THE PERFORMANCE AND FUNCTION OF THE PIU HAS BEEN REVIEWED BY THE TASK FORCE AND REDEFINED TO INCLUDE EXPANDED LOGISTICAL, ADMINISTRATIVE AND SECRETARIAL SUPPORT TO COMPONENT HEADS.
- (4) USAID/JAMAICA HAS ADVISED HON THAT SHOULD

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HOWEVER, A CONTRACT WILL BE SIGNED, CANDIDATES WILL BE IDENTIFIED AND SOME TEAM MEMBERS WILL BE ENROUTE TO JAMAICA.

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D. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION 2 (B).

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6. RECOMMENDATION NO. 3 (B): DEVELOP AND IMPLEMENT A PROGRAM OF UNANNOUNCED DRUG INVENTORIES.

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INFO SECSTATE WASHDC 8625

A. UNDER THE FINANCIAL ADMINISTRATION AND AUDIT LAW OF 1959, THE SUPPLY DIVISION, MINISTRY OF FINANCE OF THE GOVERNMENT OF JAMAICA IS RESPONSIBLE FOR THE AUDIT OF PUBLIC SECTOR CENTRALIZED STORES WHICH INCLUDES THE ISLAND MEDICAL STORES. IN ADDITION, TWO AUDITORS ARE ATTACHED TO THE PHARMACEUTICAL SERVICES DIVISION OF THE MINISTRY OF HEALTH WHICH ALSO ENCOMPASSES ISLAND MEDICAL STORES. PREVIOUSLY THE PHARMACEUTICAL DIVISION HAD SOLE RESPONSIBILITY FOR UNANNOUNCED AUDITS OF THE ISLAND MEDICAL STORES. FOLLOWING MEETINGS BETWEEN SUPPLY DIVISION AND MINISTRY OF HEALTH, A SYSTEM OF BOTH CONTINUOUS STOCKTAKING AND UNANNOUNCED DRUG INVENTORIES HAS BEEN IMPLEMENTED. THE PROCESS OF CONTINUOUS STOCKTAKING HAS REVEALED SYSTEMATIC FLAWS PRIMARILY DUE TO THE PARTIAL COMPUTERIZATION OF THE STOCKTAKING SYSTEM IN COMBINATION WITH INFORMAL AND UNMONITORED PROCEDURES WHICH HAVE BEEN INVOLVED TO COMPENSATE FOR CHRONIC SHORTAGES OF MEDICAL SUPPLIES. THE ONE UNANNOUNCED DRUG INVENTORY COMPLETED TO DATE HAS REVEALED SHORTAGES AND SURPLUSES OF PHARMACEUTICALS WHICH REFLECT THESE SYSTEMATIC FLAWS IN THE OVERALL STOCK-KEEPING METHODS. FIFTEEN PERSON-MONTHS OF TECHNICAL ASSISTANCE WILL BE PROVIDED TO MOH BY A MEDICAL SUPPLY MANAGEMENT ADVISOR. IMPROVEMENTS AT ISLAND MEDICAL STORES IS A MAJOR ACTIVITY FOR THIS

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E. O. 12356: N/A

- ALTERNATIVE OFFICE SPACE BECOME AVAILABLE IN
- CLOSER PROXIMITY TO MOH HEADQUARTERS,
- ADDITIONAL EXPENSES FOR RENTAL OF OFFICE
- FACILITIES CAN BE CHARGED TO AID PROJECT
- FUNDS. GIVEN LESS THAN TWENTY-FOUR (24)
- MONTHS REMAINING IN THE LIFE-OF-PROJECT,
- AND THE VERY LENGTHY TIME REQUIRED TO
- IDENTIFY SPACE, NEGOTIATE A LEASE AND
- TRANSFER TELEPHONE LINES, SUCH A GEOGRAPHICAL
- MOVE MAY NOT BE PRACTICAL, OR IN THE INTEREST
- OF FOCUSING ON PROJECT IMPLEMENTATION
- ACTIVITIES. WE BELIEVE THAT THE NEW ROLE OF
- THE PMO/PHC AND THE EXPANDED SUPPORT FROM THE
- PIU TO COMPONENT HEADS IS SUFFICIENT TO
- ASSURE ADEQUATE INTEGRATION OF THE PIU INTO
- THE MAINSTREAM OF MOH ACTIVITIES.

B. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 2 (A).

5. RECOMMENDATION NO. 2 (B): INSURE THAT ADEQUATE EXPATRIATE TECHNICAL ADVISORS ARE EMPLOYED TO ACHIEVE THE GOALS AND OBJECTIVES OF THE HEALTH MANAGEMENT IMPROVEMENT PROJECT.

A. SCOPES OF WORK HAVE BEEN COMPLETED FOR SEVEN U.S. TECHNICAL ADVISORS WHO WILL PROVIDE APPROXIMATELY FIFTY-FIVE (55) PERSON-MONTHS OF CONSULTATION. USAID/JAMAICA, BY REQUEST OF MOH, HAS REVIEWED CAPABILITY STATEMENTS OF NINE B-A FIRMS AND WILL SELECT ONE TO PROVIDE THESE CONSULTANTS. THE NECESSARY DOCUMENTATION TO EXECUTE A CONTRACT IS IN PROCESS AND THE TEAM MEMBERS SHOULD BEGIN ARRIVING IN MAY 1985.

B. A U.S. MAINTENANCE ADVISOR HAS BEEN CONTRACTED TO ASSIST WITH AND ADVISE ON THE IMPLEMENTATION OF THE PRIMARY HEALTH CARE CENTER FIVE YEAR MAINTENANCE PLAN AND WILL ARRIVE IN JAMAICA MID-MAY 1985.

C. THE MOH HAS INVITED THE PAHO CARIBBEAN REGIONAL MANAGEMENT ADVISOR TO CONDUCT A MANAGEMENT NEEDS ASSESSMENT FOR PRIMARY HEALTH CARE TRAINING. BASED ON THE OUTCOME OF THIS EXERCISE, THREE TO SIX MONTHS OF HIGHLY-FOCUSED, INTERMITTENT MANAGEMENT TRAINING WILL BE PROVIDED TO MOH STAFF BY PAHO STAFF, AND THROUGH THE PREVIOUSLY MENTIONED B-A FIRM'S CONTRACT. THE ENTIRE TEAM OF SEVEN CONSULTANTS WILL NOT BE PHYSICALLY PRESENT IN JAMAICA BY MAY 19, 1985;

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CONSULTANCY.

B. THE TASK FORCE HAS ADVISED THE GOJ AUDITORS THAT UNANNOUNCED DRUG INVENTORIES: (1) MUST CONTINUE ON A REGULAR BASIS; (2) SHOULD INCLUDE A VARIETY OF DRUGS AND (3) NOT BE LIMITED TO ONLY THOSE PHARMACEUTICALS WITH A HIGH RE-SALE STREET VALUE OR TO CONTROLLED SUBSTANCES. THE TASK FORCE CONCLUDED THAT BY AUDITING THE ENTIRE SPECTRUM OF DRUGS, SHORTAGES DUE TO PILFERAGE WOULD BE MORE LIKELY TO EMERGE, AND THAT ISLAND MEDICAL STORES STAFF WOULD BE LESS ABLE TO PREDICT WHICH ITEMS WOULD BE INVENTORIED BY THE AUDIT TEAM. FINALLY, THE TASK FORCE RECOMMENDED THAT AUDIT FINDINGS BE REPORTED DIRECTLY TO THE PERMANENT SECRETARY OF HEALTH. THIS ENTIRE EXERCISE HAS BEEN EXTREMELY USEFUL FOR MOH IN REVEALING GAPS IN ACCOUNTABILITY, RECORD-KEEPING, THE SEMI-AUTOMATED STOCK-TAKING SYSTEM AND OTHER CONTROL DISCREPANCIES.

C. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION 3 (B).

7. RECOMMENDATION NO. 3 (C): DETERMINE THE STATUS OF THE NATIONAL FORMULARY SUB-COMMITTEE DELIBERATIONS AND ACCELERATE THEIR RECOMMENDATIONS.

A. AS OF JANUARY 31, 1985, ALL SUB-COMMITTEES OF THE NATIONAL FORMULARY COMMITTEE HAD SUBMITTED THEIR RECOMMENDATIONS OF PHARMACEUTICALS FOR INCLUSION IN THE JAMAICAN NATIONAL FORMULARY. THESE SUBMISSIONS ARE BEING COLLATED AND TYPED WITH ASSISTANCE FROM THE PIU AND SHOULD BE COMPLETED BY JUNE 30, 1985.

B. AN ADVERTISEMENT WAS PLACED IN THE LOCAL NEWSPAPER TO PROCURE SIX PERSON-MONTHS OF JAMAICAN TECHNICAL ASSISTANCE TO DRAFT THE FINAL FORMULARY. FOUR APPLICANTS HAVE RESPONDED AND IT IS ANTICIPATED A CONTRACT WILL BE EXECUTED IN MAY 1985. THREE MONTHS HAVE BEEN PLANNED FOR THE DRAFTING OF THE FORMULARY, FOLLOWED BY THREE MONTHS FOR REVIEW, CORRECTIONS AND PRINTING. THE DIVISION OF PHARMACEUTICAL SERVICES EXPECTS THE FORMULARY WILL BE COMPLETED AND READY FOR DISTRIBUTION BY DECEMBER 1985.

C. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 3 (C).

8. RECOMMENDATION NO. 3 (D): REVIEW CURRENT SECURITY ARRANGEMENTS FOR MEDICAL STORAGE DEPOTS AND THEIR ACCESS CONTROL SYSTEMS TO ASCERTAIN HOW THEY CAN BE

IMPROVED.

A. FOLLOWING A REVIEW OF SECURITY ARRANGEMENTS AT ISLAND MEDICAL STORES BY A SPECIAL TEAM FROM THE JAMAICA CONSTABULARY FORCES, MOH HAS APPROVED THE FOLLOWING SECURITY PROGRAM IN THIS REGARD:

- (1) INSURE THAT THE GROUNDS AROUND THE ISLAND MEDICAL STORES, AT BOTH THE BELL ROAD AND MARCUS GARVEY DRIVE FACILITIES, BE REGULARLY CLEANED AND TALL BUSHES AND GRASS CUT, THEREBY IMPROVING SECURITY;
- (2) INSTALL AN INTERCOM SYSTEM AT THE MAIN GATE OF ENTRY TO THE PREMISES OF THE BELL ROAD FACILITY, TO BE USED BY THE SECURITY PERSONNEL ON DUTY TO MONITOR THE ENTRANCE OF ALL INDIVIDUALS;
- (3) INSTALL AN EMERGENCY ALARM SYSTEM AT BELL ROAD, TO BE CONNECTED TO THE HUNTS BAY POLICE STATION AND THE POLICE CONTROL AT 103 OLD HOPE ROAD;
- (4) INSTALL ADEQUATE FLOOD LIGHTS AT BOTH STORES FACILITIES;
- (5) INSTALL GRILLS FOR DOORS AND ROLLER SHUTTERS AT THE MARCUS GARVEY DRIVE FACILITY;
- (6) INSTALL GRILLS ON ALL THE VENTILATION WINDOWS, VENTILATION SPACES AND AIR CONDITION UNITS AT THE MARCUS GARVEY DRIVE FACILITY;
- (7) STRENGTHEN THE FORCE OF SECURITY GUARDS TO PROVIDE TWENTY-FOUR HOUR PROTECTION AT THE BELL ROAD FACILITY;
- (8) TRANSFER THE PHARMACEUTICAL STORES FROM THE BELL ROAD FACILITY TO THE MARCUS GARVEY DRIVE FACILITY, IN

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ORDER TO IMPROVE CONTROL AND ACCOUNTABILITY;

B. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 3 (D).
9. RECOMMENDATION NO. 4 (A): ENSURE THAT FIELD STAFF ARE APPROPRIATELY CONSULTED WITH RESPECT TO THE REMAINING 48 MINOR RENOVATIONS.

A. LENGTHY PROCEDURES HAVE BEEN DEVELOPED TO ASSURE ADEQUATE CONSULTATION WITH FIELD STAFF REGARDING THE REMAINING MINOR RENOVATIONS. THEY ARE SUMMARIZED BELOW:

(1) ADMINISTRATIVE OFFICER (AO) IN PHC REQUESTS FROM GOJ PROJECT MANAGER A WRITTEN BRIEF OF GUIDELINES OF ALLOWABLE RENOVATIONS UNDER THE HHIP;

(2) PROJECT BUILDING STAFF VISIT SITE AND MAKE RECOMMENDATIONS TO THE AO ON RENOVATIONS. AO PRESENTS THIS TOGETHER WITH HHIP GUIDELINES TO FIELD STAFF. A "USERS" BRIEF IS THEN PREPARED BY AO AND FIELD STAFF. ("USERS" REFERS TO THE STAFF OF THE CLINIC);

(3) PROJECT BUILDING STAFF VISIT SITE AND MAKE RECOMMENDATIONS ON RENOVATIONS. IT IS EXPECTED THAT CLINIC STAFF WILL ALSO BE PRESENT TO DISCUSS THE RENOVATION AT THIS TIME;

(4) A FINAL SITE VISIT WILL FOLLOW AT WHICH TIME A CONSENSUS WILL BE REACHED BY USERS, BUILDING PERSONNEL, AO, PHO/PHC AND THE GOJ HHIP PROJECT MANAGER;

(5) A DOCUMENT DESCRIBING THESE RENOVATIONS WILL BE WRITTEN BY THE BUILDING PERSONNEL IN LAY PERSON'S LANGUAGE AND CIRCULATED TO OTHER BUILDING PERSONNEL, GOJ HHIP PROJECT MANAGER, CENTRAL FILES, PHC PARISH MEDICAL OFFICER AND TWO COPIES TO THE HEALTH CENTERS;

(6) THE DOCUMENT REFERENCED IN ITEM (5) WILL BEAR THE SIGNATURE OF ALL PARTIES IDENTIFIED THEREIN.

THESE PROCEDURES ARE NOW IN EFFECT.

B. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 4 (A).
10. RECOMMENDATION NO. 4 (C): DETERMINE WHETHER THE CURRENT GOJ/HHH CONSTRUCTION AND REPAIR INSPECTION SYSTEM CAN BE IMPROVED.

A. THE TASK FORCE, TOGETHER WITH ASSISTANCE FROM THE GOJ PROGRAM ASSISTANCE MONITORING COMPANY (PAMCO), HAS ADDRESSED THIS RECOMMENDATION AND HAS DETERMINED THAT THE INSPECTION SYSTEM CAN BE IMPROVED. SUBSEQUENTLY, PAMCO HAS DEVELOPED A SET OF RECOMMENDATIONS WITHIN THE GOJ GUIDELINES. THESE RECOMMENDATIONS HAVE BEEN ACCEPTED BY THE MOH.

B. THE MOH HAS ALSO AGREED THAT THE REMAINING HHIP CONSTRUCTION ACTIVITIES WILL RECEIVE ADDITIONAL SUPERVISION AND INSPECTION THROUGH CONTRACTS WITH PRIVATE SECTOR ARCHITECTURAL AND ENGINEERING PERSONAL SERVICES CONTRACTORS. USAID HAS APPROVED THE USE OF PROJECT FUNDS FOR THIS PURPOSE.

C. FURTHERMORE, THE MOH HAS ASSIGNED TWO (2) ADDITIONAL STAFF FROM THE HEALTH FACILITIES MAINTENANCE UNIT TO SUPERVISE THE MINOR RENOVATION ACTIVITIES.

D. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 4 (C).

11. RECOMMENDATION NO. 5 (B): VERIFY AND APPROVE THROUGH SITE VISITS, GOJ COMPLIANCE WITH THE ANNUAL CONSTRUCTION AND RENOVATION PLANS APPROVED IN AUGUST 1984.

A. THE USAID/JAMAICA ENGINEER OR A MEMBER OF HIS STAFF VISITS ALL HHIP CONSTRUCTION AND RENOVATION (C&R) SITES.

B. THE AUGUST 1984 C&R PLAN IS PRESENTLY OBSOLETE. A NEW SCHEDULE WILL BE DRAFTED FOLLOWING

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1985. THE INITIAL DELAY WAS DUE TO SHAYS IN OPERATIONALIZING THE NEW PRINTERY SET UP AND IN THE HIRING OF NEW STAFF. MECHANICAL PROBLEMS HAVE BEEN CORRECTED AND A PRINTERY MANAGER IS BEING HIRED ON A PROJECT TERM CONTRACT.

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13. RECOMMENDATION NO. 6 (B): DEVELOP AN INVENTORY STOCK SUPPLY SYSTEM TO CONTROL AND REGULATE THE DISTRIBUTION OF NEW RECORDS INTO THE PARISHES SO THAT THE PROPER SUPPLY OF FORMS IS ON HAND TO ENSURE THE ADEQUATE FUNCTIONING OF THE SYSTEM. (A PART OF THIS SYSTEM REQUIRES PARISHES TO PERIODICALLY REPORT BACK ON THE USAGE STATUS OF THE FORMS PREVIOUSLY SENT TO THE FIELD.) SET UP A MECHANISM TO REDISTRIBUTE FORMS TO ALLEVIATE SHORTAGES OR OVERAGES.

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THE GOJ BUDGETARY ALLOCATION FOR THIS PROJECT FOR THE JAMAICAN FISCAL YEAR, APRIL 1985 TO MARCH 1986. PREVIOUS DELAYS IN C&R HAVE BEEN EXCLUSIVELY IN THE AREA OF PRELIMINARY PROCEDURES AND CONTRACTUAL ARRANGEMENTS. ONCE A CONTRACT HAS BEEN SIGNED, C&R ACTIVITIES PROCEED WITHOUT DELAY.

A. A SYSTEM OF INVENTORY CONTROL HAS BEEN DEVELOPED BETWEEN PARISH HEALTH OFFICES (WHO ARE RESPONSIBLE FOR SOME STORAGE OF THE RECORDS AS WELL AS PARISH LEVEL DISTRIBUTION) AND THE PHC CLINICS. THE HEALTH INFORMATION UNIT OF MOH KEEPS A MASTER RECORD OF (A) THE TOTAL NUMBER OF FORMS DISTRIBUTED AT PARISH LEVEL, THE NUMBER AND TYPES DISTRIBUTED BY PARISHES FOR USE AT EACH CLINIC, THE CLINIC INVENTORY, THOSE RECORDS WHICH REMAIN STORED AT PARISH LEVEL AND THOSE HELD IN KINGSTON. THIS SYSTEM WILL ALLOW FOR PROJECTIONS OF NEW RECORDS REQUIRED FROM THE PRINTERY. FOLLOWING FULL IMPLEMENTATION OF THE NEW SYSTEM AND ITS USE THROUGH THE LIFE-OF-PROJECT, A PREDICTABLE PATTERN OF RECORDS REQUIREMENTS WILL BE EVIDENT. USAID/JAMAICA HAS REQUESTED QUARTERLY STATEMENTS OF THE INVENTORY SYSTEM BE FORWARDED TO OUR OFFICES IN ORDER THAT THIS NEW SYSTEM CAN BE MONITORED BY THE AID PROJECT OFFICER.

C. WHILE USAID/JAMAICA AND MOH WILL CONTINUE TO MONITOR C&R ACTIVITIES THROUGH SITE VISITS AS REQUIRED FOR CERTIFICATION TO APPROVE REIMBURSEMENT FROM USAID TO THE GOJ FOR CONTRACT COSTS, WE SUGGEST THAT THE EXECUTION OF CONTRACTS IS THE MOST APPROPRIATE METHOD OF VERIFYING COMPLIANCE WITH THE JAMAICAN FISCAL YEAR 85-86 C&R PLAN.

B. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION 6 (B).

D. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 5 (B).

12. RECOMMENDATION NO. 6 (A): DEVELOP A DETAILED IMPLEMENTATION PLAN FOR THE NEW MEDICAL RECORDS SYSTEM WHICH TAKES INTO ACCOUNT THE CAPABILITY OF THE MOH PRINTERY (ONCE ESTABLISHED) TO SUPPLY A GIVEN AMOUNT OF FORMS IN A GIVEN AMOUNT OF TIME. (THE PLAN SHOULD REFLECT THE NUMBER OF FORMS ALREADY IN THE FIELD BUT UNDISTRIBUTED).

A. AS OF JANUARY 30, 1985 NEW PHC MEDICAL RECORDS HAD BEEN IMPLEMENTED IN 135 CLINICS THROUGHOUT ALL PARISHES IN JAMAICA. A DETAILED IMPLEMENTATION PLAN FOR THE REMAINING 200 CLINICS HAS BEEN DEVELOPED BY THE HEALTH INFORMATION SYSTEMS UNIT AND THE PHO/PHC WITH A PROJECTED COMPLETION DATE OF JULY 1985. THE PLANNED LEVEL IMPLEMENTATION FOR THE PERIOD FEBRUARY 1 TO MARCH 15, 1985 HAS BEEN ACHIEVED.

B. FYI, THE PRINTERY HAS BEEN OPERATIONAL FOR APPROXIMATELY ONE YEAR AND HAS THE CAPACITY TO PRODUCE ALL MEDICAL RECORDS PRESENTLY REQUIRED FOR PRIMARY HEALTH CARE AS WELL AS FULFILL NUMEROUS OTHER PRINTING NEEDS OF THE MOH. PRODUCTION OF PHC MEDICAL RECORDS HAS PRIORITY STATUS AND THERE HAVE BEEN NO REPORTED SHORTAGES OF PHC MEDICAL RECORDS OVER THE PAST SEVERAL MONTHS. THERE ARE NINE DIFFERENT PHC RECORDS, EIGHT OF WHICH ARE PRESENTLY UTILIZED IN PHC CLINICS. ONE HUNDRED AND NINETY-FIVE THOUSAND OF EACH WERE REQUESTED IN AUGUST 1984. AS OF JANUARY 1985 SIX HUNDRED AND NINETY THOUSAND HAD BEEN PRINTED AND DISTRIBUTED. THE REMAINDER ARE EXPECTED BY JUNE 15,

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14. RECOMMENDATION NO. 6 (C): DETERMINE WHETHER ALL PARTICIPATING CLINICS HAVE ADEQUATE MEDICAL RECORDS SHELVED.

A. THE NEW MEDICAL RECORDS ARE SHELVED IN METAL STORAGE CABINETS. ALL CLINICS WHERE THE RECORDS SYSTEM HAS BEEN IMPLEMENTED HAVE THESE CABINETS, AND EVEN SOME CLINICS THAT ARE STILL AWAITING TO INTRODUCE THE NEW RECORDS SYSTEM HAVE ALREADY RECEIVED THEIR CABINETS. PROCUREMENT OF THE BALANCE OF CABINETS REQUIRED HAS BEEN APPROVED BY USAID/JAMAICA. THE CABINETS ARE MADE LOCALLY AND DELIVERY TO MOH OF THE FINAL ORDER OF MEDICAL RECORDS CABINETS IS EXPECTED MID-APRIL 1985. THE CABINETS WILL BE IMMEDIATELY DISTRIBUTED TO THE FIELD. A FEW TYPE I PHCC'S ARE USING BUILT IN SHELVES WHICH ARE BEING CONSTRUCTED VIA THE PROJECT RENOVATION ACTIVITIES. THIS IS DUE TO THE RELATIVELY SMALL SIZE OF THESE FEW CLINICS AND THE LARGENESS OF CABINETS WHICH WERE INTENDED TO ACCOMMODATE RECORDS FOR TYPE V, IV, III, II AND LARGER TYPE I CLINICS.

B. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 6 (C).

15. RECOMMENDATION NO. 6 (D): INVESTIGATE AND DEVELOP, IF NECESSARY, TEMPORARY ASSIGNMENTS OF CLERICAL PERSONNEL TO HELP IN THE START-UP OF NEW MEDICAL RECORDS SYSTEMS IN THE CLINICS.

A. IN KEEPING WITH THIS RECOMMENDATION, USAID HAS APPROVED HMIP PROJECT FUNDS FOR THE HIRING OF 56 TEMPORARY CLERKS TO ASSIST WITH INITIAL ACTIVITIES ASSOCIATED WITH INTRODUCTION OF THE NEW MEDICAL RECORDS INTO THE BALANCE OF PHC CLINICS. MEDICAL PROFESSIONALS IN THE CLINIC SETTING ARE REQUIRED FULL TIME FOR THE DELIVERY OF HEALTH CARE, AND THEIR INABILITY TO BE DETAILED TO SETTING UP FILING SYSTEMS AND OTHER CLERICAL DUTIES ASSOCIATED WITH THE INTRODUCTION OF A NEW RECORDS SYSTEM HAD SLOWED DOWN THE IMPLEMENTATION PROCESS. WITH THE TEMPORARY CLERKS EXPECTED ON BOARD IN APRIL 1985, FINAL IMPLEMENTATION OF THE NEW RECORDS SYSTEM WILL PROCEED RAPIDLY.

B. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 6 (D).

16. RECOMMENDATION NO. 7 (A): DETERMINE IF CURRENT GOALS, OBJECTIVES AND PLANS FOR THE HEALTH INFORMATION SYSTEM (HIS) ARE REALISTIC, GIVEN THE CURRENT STATUS AND PROBLEMS OF THE HMIP.

A. THE TASK FORCE HAS REVIEWED THE CURRENT GOALS, OBJECTIVES AND PLANS OF THE HEALTH INFORMATION SYSTEM COMPONENT AND CONCLUDED THAT THEY ARE REALISTIC AND CAN BE ACHIEVED WITHIN THE REMAINING LIFE-OF-PROJECT, WITH THE HELP OF A TECHNICAL ADVISOR. THESE ACTIVITIES ARE NECESSARY GIVEN THE PRESENT AND ANTICIPATED INFORMATION REQUIREMENTS OF THE MINISTRY OF HEALTH.

B. THE OVERALL BUDGET FOR THIS COMPONENT HAS BEEN REVIEWED, AND FUNDS WHICH ARE AVAILABLE FOR REPROGRAMMING HAVE BEEN IDENTIFIED FROM ACTIVITIES WHICH HAVE BEEN COMPLETED UNDER-BUDGET. IT IS ANTICIPATED THAT THESE RESOURCES WILL BE REDIRECTED TO THE AREA OF SPECIAL STUDIES WITHIN THE HIS, IN ORDER TO ASSIST THE MOH WITH "RATIONALIZATION" OF THE PRIMARY HEALTH CARE SYSTEM REGARDING CLIENT UTILIZATION AND FEE SCHEDULES. THESE STUDIES WILL BE DEVELOPED WITH THE ASSISTANCE OF THE TECHNICAL ADVISOR IN CONJUNCTION WITH THE PRIME MINISTER'S TASK FORCE ON ALTERNATIVE HEALTH CARE FINANCING. (USAID/JAMAICA IS A MEMBER OF THIS TASK FORCE).

C. IN VIEW OF THE ABOVE, USAID/JAMAICA REQUESTS CLOSURE OF AUDIT RECOMMENDATION NO. 7 (A).

17. RECOMMENDATION NO. 7(B): REDIRECT RESOURCES INTO THOSE AREAS CURRENTLY DETERMINED TO BE VIABLE.

A. THE USAID HMIP PROJECT OFFICER HAS REVIEWED THE PROJECT BUDGET, BY LINE ITEM AND IDENTIFIED: (A) ACTIVITIES WHICH HAVE BEEN COMPLETED AND WERE

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UNDER THE BUDGETED AMOUNT; (B) FUNDS NOW AVAILABLE DUE TO THE DEVALUATION OF THE JAMAICAN DOLLAR; (C) AREAS WHERE COSTS WERE UNDERESTIMATED AND ADDITIONAL FUNDS ARE REQUIRED; AND (D) THE COST OF ADDITIONAL TECHNICAL ASSISTANCE REQUESTED BY MOH TO FACILITATE TIMELY COMPLETION OF PROJECT ACTIVITIES. APPROXIMATELY SIX HUNDRED THOUSAND U. S. DOLLARS (US\$600,000) HAVE BEEN IDENTIFIED WITHIN THE AID PROJECT FUNDS FOR REPROGRAMMING.

B. DISCUSSIONS HAVE BEEN INITIATED WITH THE MOH TO DETERMINE AREAS IN WHICH THESE RESOURCES CAN BE REDIRECTED FOR OPTIMUM BENEFIT. A CABLE WILL BE FORWARDED SHORTLY TO ADVISE ON THESE DISCUSSIONS AND ANY AGREEMENTS REACHED BETWEEN USAID/JAMAICA AND MOH.

18. PLEASE ADVISE ON CLOSURE OF RECOMMENDATIONS AS REQUESTED.

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